# EXHIBIT B30

#### Case 3:16-md-02738-MAS-RLS Document 9733-4 Filed 05/07/19 Page 2 of 124 PageID: 34470

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Page 1
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           IN THE UNITED STATES DISTRICT COURT
         FOR THE EASTERN DISTRICT OF NEW JERSEY
 2.
     IN RE:
             JOHNSON &
 3
     JOHNSON TALCUM POWDER:
     PRODUCTS MARKETING,
     SALES PRACTICES, AND
     PRODUCTS LIABILITY :
                              CASE NO. 16-2738
 5
     LITIGATION
                                 (FLW) (LHG)
                            :
 6
     THIS DOCUMENT RELATES:
     TO ALL CASES
 7
     MDL Docket No. 2738
 8
 9
                 Monday, January 7, 2019
10
11
12
                   Videotaped Oral Deposition of
      JUDITH K. WOLF, M.D. taken pursuant to
13
14
      notice, was held at the Hilton Austin, 500
15
      East 4th Street, Austin, Texas, beginning at
      9:08 a.m., on the above date, before Micheal
16
17
      A. Johnson, Registered Diplomate Reporter,
18
      Certified Realtime Reporter, and Notary
19
      Public for the State of Texas.
20
21
22
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24
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Page 2	Page
1 APPE AR ANCES: BEASLEY ALLEN, PC BY: P. LEIGH O'DELL, ESQUIRE leigh.odell@beasleyallen.com Margaret M. Thompson, ESQUIRE margaret.thompson@beasleyallen.com 218 Commerce Street Montgomery, Alabama 36104 (334) 269-2343 Counsel for Plaintiffs' Steering Committee  ROBINSON CALCAGNIE, INC. BY: CYNTHIA L. GARBER, ESQUIRE cgarber@robinsonfirm.com 19 Corporate Plaza Drive Newport Beach, California 92660 (949) 720-1288 Committee  BLOOD HURST & O'REARDON LLP BY: PAULA R. BROWN, ESQUIRE proving@holaw.com 501 West Broadway, Suite 1490 San Diego, California 92101 (619) 338-1100 Counsel for Plaintiffs' Steering Committee  WEIL, GOTSHAL & MANGES LLP BY: ALLISON M. BROWN, ESQUIRE allison.brown@weil.com 17 Hulfish Street, Suite 201 Princeton, New Jersey 08542-3792 (609) 986-1104 Counsel for Johnson & Johnson entities	1 APPEARANCES: 2 SEYFARTH SHAW, LLP BY: RENEE B. APPEL, ESQUIRE 3 rappel@seyfarth.com 975 F Street, N.W. 4 Washington, D.C. 20004-1454 (202) 463-2400 5 Counsel for Personal Care Products 6 VIDEOGRAPHER: 7 Shane Ramirez, 8 Golkow Litigation Services 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
Page 3  1 APPEARANCES: 2 WEIL, GOTSHAL & MANGES LLP BY: ALEXIS KELLERT, ESQUIRE 3 alexis.kellert@weil.com 767 Fifth Avenue 4 New York, New York 10153-0119 (212) 310-8468 5 Counsel for Johnson & Johnson entities 6 DRINKER BIDDLE & REATH, LLP 7 BY: KATHERINE MCBETH, ESQUIRE katherine.mcbeth@dbr.com 8 One Logan Square, Suite 2000 Philadelphia, Pennsylvania 19103-6996 (215) 988-2706 Counsel for Johnson & Johnson entities 10 GORDON REES SCULLY MANSUKHANI LLP BY: MICHAEL R. KLATT, ESQUIRE mklatt@gordonrees.com 816 Congress Avenue, Suite 1510 Austin, Texas 78701 (512) 391-0197 Counsel for Imerys Talc America 15 COUGHLIN DUFFY LLP BY: MARK K. SILVER, ESQUIRE msilver@coughlinduffy.com 17 350 Mount Kemble Avenue Morristown, New Jersey 07962 (973) 267-0058 Counsel for Imerys Talc America 19 TUCKER ELLIS LLP BY: TARIQ M. NAEEM, ESQUIRE tariq.naeem@tuckerellis.com 950 Main Avenue, Suite 1100 22 Cleveland, Ohio 44113-7213 (216) 696-3675 Counsel for Pharmatech ("PTI")	Page  I INDEX JUDITH K. WOLF, M.D. January 7, 2019  APPEARANCES 2  PROCEEDINGS 9  EXAMINATION OF JUDITH K. WOLF, M.D.:  BY MS. BROWN 9  BY MR. KLATT 388  BY MS. O'DELL 446  BY MS. BROWN 461  BY MS. BROWN 461  BY MS. BROWN 482  BY MS. O'DELL 482  BY MS. O'DELL 482  ACKNOWLEDGMENT OF DEPONENT 486  ERRATA 487  LAWYER'S NOTES 488  LAWYER'S NOTES 488

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3 NUMBER DESCRIPTION MARKED	3 NUMBER DESCRIPTION MARKED
4	4
Exhibit 1 Notice of Oral and 11 5 Videotaped Deposition of	Exhibit 17 Genital use of talc and 247 5 risk of ovarian cancer:
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7 Exhibit 2 Reprint from UpToDate, 12	7 Exhibit 18 Ovarian, Fallopian Tube, 272
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13 Exhibit 6 Curriculum Vitae 52	13 and Oophorectomy Rates, by Anna Wu, et al.
14 Exhibit 7 Rule 26 Expert Report of 66	14 Exhibit 20 The Future of Ovarian 350
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20 Dusts, IARC Monographs on the Evaluation of	20 Monographs on the Evaluation of
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23 24	23 24
Page 7	Page 9
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	p	10	n	2 12
1	Page			Page 12
$\frac{1}{2}$	A. That was I want to say, was		today, you were the attorney representing	
2 3	nearly three years ago. It was a wrongful	$\frac{1}{2}$	plaintiffs provided me with a number of	
	termination case at a hospital I used to	3	documents in request to this notice that I'd	
4	work.	4	like to mark and ask you about.	
5	Q. And were you the plaintiff in	5	A. Okay.	
6	that case?	6	Q. And so the first one we'll mark	
7	A. No.	7	as Exhibit 2 to your deposition.	
8	Q. Okay. Were you a witness in	8	(Deposition Exhibit 2 marked	
9	that case?	9	for identification.)	
10	A. A witness.	10	BY MS. BROWN:	
11	Q. Okay. And you're probably	11	Q. Which is an UpToDate printout	
12	familiar with some of the rules of a	12	from January 5th, 2019.	
13	deposition, having done this not too long	13	A. Yes.	
14	ago, but I'll just remind you a little bit.	14	Q. We only have one copy, so let	
15	A. Okay.	15	me hand it to you and ask you to describe	
16	Q. We'll try and talk one at a	16	what Exhibit 2 is.	
17	time, so that the court reporter can get down	17	A. This is an article from	
18	all of my questions and all of your answers.	18	UpToDate that describes what evidence-based	
19	Do you understand that you are under oath	19	medicine is, which is I provided because	
20	here today same as if you were in a court of	20	this is how I reviewed the subject and how I	
21	law?	21	review any subject when I'm looking to treat	
22	A. Yes.	22	a patient or taking care of a patient or	
23	Q. Okay. If you don't understand	23	working on a research project, and I thought	
24	one of my questions, will you let me know?	24	that this was a good outline and description	
	Page	1	P	Page 13
1	Page A. Yes.	1	of what I do.	Page 13
	A. Yes.		of what I do.	Page 13
2	<ul><li>A. Yes.</li><li>Q. And if you go ahead and answer</li></ul>	1	of what I do.  Q. Do you consider UpToDate to be	Page 13
2 3	<ul><li>A. Yes.</li><li>Q. And if you go ahead and answer them, is it fair to assume you understood</li></ul>	1 2	of what I do.	Page 13
2 3 4	<ul><li>A. Yes.</li><li>Q. And if you go ahead and answer</li></ul>	1 2 3	of what I do.  Q. Do you consider UpToDate to be a reliable source in your field?  A. I think it's a	Page 13
2 3 4 5	A. Yes. Q. And if you go ahead and answer them, is it fair to assume you understood what I was asking? A. Yes.	1 2 3 4 5	of what I do.  Q. Do you consider UpToDate to be a reliable source in your field?  A. I think it's a MS. O'DELL: Object to form.	Page 13
2 3 4 5 6	A. Yes. Q. And if you go ahead and answer them, is it fair to assume you understood what I was asking? A. Yes. Q. Okay. We'll take breaks	1 2 3 4	of what I do.  Q. Do you consider UpToDate to be a reliable source in your field?  A. I think it's a MS. O'DELL: Object to form.  A. I believe it's a good starting	Page 13
2 3 4 5 6 7	A. Yes. Q. And if you go ahead and answer them, is it fair to assume you understood what I was asking? A. Yes. Q. Okay. We'll take breaks throughout the day. It's not a marathon, so	1 2 3 4 5 6 7	of what I do.  Q. Do you consider UpToDate to be a reliable source in your field?  A. I think it's a  MS. O'DELL: Object to form.  A. I believe it's a good starting place. If I read something on UpToDate and I	Page 13
2 3 4 5 6 7 8	A. Yes. Q. And if you go ahead and answer them, is it fair to assume you understood what I was asking? A. Yes. Q. Okay. We'll take breaks throughout the day. It's not a marathon, so just let me know if you need a break and	1 2 3 4 5 6	of what I do.  Q. Do you consider UpToDate to be a reliable source in your field?  A. I think it's a  MS. O'DELL: Object to form.  A. I believe it's a good starting place. If I read something on UpToDate and I want something more in depth, the first thing	Page 13
2 3 4 5 6 7 8 9	A. Yes. Q. And if you go ahead and answer them, is it fair to assume you understood what I was asking? A. Yes. Q. Okay. We'll take breaks throughout the day. It's not a marathon, so just let me know if you need a break and we'll be happy to accommodate you. Okay?	1 2 3 4 5 6 7 8 9	of what I do.  Q. Do you consider UpToDate to be a reliable source in your field?  A. I think it's a  MS. O'DELL: Object to form.  A. I believe it's a good starting place. If I read something on UpToDate and I want something more in depth, the first thing I usually do is go to the references and look	Page 13
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2 3 4 5 6 7 8 9 10 11	A. Yes. Q. And if you go ahead and answer them, is it fair to assume you understood what I was asking? A. Yes. Q. Okay. We'll take breaks throughout the day. It's not a marathon, so just let me know if you need a break and we'll be happy to accommodate you. Okay? A. Okay. Q. I'm handing you, Dr. Wolf, what	1 2 3 4 5 6 7 8 9 10	of what I do.  Q. Do you consider UpToDate to be a reliable source in your field?  A. I think it's a  MS. O'DELL: Object to form.  A. I believe it's a good starting place. If I read something on UpToDate and I want something more in depth, the first thing I usually do is go to the references and look at those. If and if I want more information and there's an UpToDate, I'll do	Page 13
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		Page 14			Page 16
1	powder product cause ovarian cancer? And		1	but if there's talcum powder in them, yes.	
2	then the next part is finding the available		2	Q. Okay. What about tampons or	
3	evidence, which is, for me, looking at the		3	other feminine products that contain talcum	
4	literature that I had at my house to start,		4	powder? Are you including that in your	
5	going on PubMed and searching literature,		5	definition of a "talcum powder product"?	
6	looking at references from those, going		6	A. Again, I haven't really thought	
7	finding more literature from the references		7	about tampons as containing talcum powder as	
8	that I pulled. Some references were provided		8	a possibility, so I would say I hadn't	
9	by the attorneys, some other information that		9	considered that.	
10	I asked for, they provided. And so trying to		10	Q. Okay. What about talc-dusted	
11	go through as many sources as I could find,		11	condoms? Are you including that in your	
12	to find as much information about the topic		12	definition of a "talcum powder product"?	
13	that I could find, both in human studies and		13	A. I am, but my understanding is,	
14	in vitro studies and in animal studies.		14		
15			15	that since the '90s, that practice has	
	Q. And so if I understand your			stopped because of concerns.	
16	methodology, it was first formulating a		16	Q. And tell me what you're relying	
17	question?		17	on for that understanding.	
18	A. Yes.		18	A. I have a reference in my	
19	Q. Is that right? And the		19	report. I have to look up the name of the	
20	question at issue as it relates to this MDL		20	author.	
21	report was, does genital application of		21	Q. Okay. And the reference in	
22	talcum powder cause cancer; is that right?		22	your report is actually to an internal PCP	
23	A. Does genital does talcum		23	document. Is that what you're relying on for	
24	powder product cause ovarian cancer.		24	your understanding that condoms no longer	
		Page 15			Page 17
		Page 15			Page 17
1	Q. That's the question that you	Page 15	1	contain talcum powder?	Page 17
2	endeavored to answer in your report?	Page 15	2	A. No. Well, can I look at my	Page 17
2 3	endeavored to answer in your report?  A. Yes.	Page 15	2 3	A. No. Well, can I look at my report for a second?	Page 17
2 3 4	endeavored to answer in your report?  A. Yes. Q. Is that right?	Page 15	2 3 4	<ul><li>A. No. Well, can I look at my report for a second?</li><li>Q. Absolutely.</li></ul>	Page 17
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		Page 18			Page 20
1	document and the McCullough document.		1	directly talk about ovarian cancer, but the	
2	Q. Have you reviewed the		2	fact that the powder causes inflammation	
3	epidemiology as it relates to whether or not		3	would lead me to be concerned about that.	
4	there is an increased risk for ovarian cancer		4	Q. Okay. And we're going to talk	
5	as a result of talc-dusted condoms?		5	about inflammation. But you cited this Kang	
6	MS. O'DELL: Object to the		6	paper for the proposition that concerns were	
7	form.		7	raised in the medical literature regarding	
8	A. The papers, the Kang, the		8	ovarian cancer for talc being used on	
9	Griffin and the Casper paper, that's part of		9	condoms. Does this paper speak to that in	
10	what they were looking at.		10	your mind, Doctor?	
11	BY MS. BROWN:		11	MS. O'DELL: Object to the	
12	Q. And are you familiar with what		12	form, asked and answered.	
13	the conclusion of the body of studies looking		13	A. It specifically talks about	
14	at talc-dusted condoms in ovarian cancer		14	inflammation from this, which inflammation is	
15	conclude?		15	related to ovarian cancer.	
				BY MS. BROWN:	
16	MS. O'DELL: Dr. Wolf, if		16		
17	you you have your records here. If		17	Q. Is it your understanding,	
18	you'd like to look at them, you're		18	Doctor, that all inflammation leads to	
19	certainly welcome to do that.		19	ovarian cancer?	
20	THE WITNESS: Let me get that.		20	A. It's my understanding, from	
21	BY MS. BROWN:		21	reviewing the literature and my own knowledge	
22	Q. Doctor, if you would, just		22	from practicing GYN oncology and doing the	
23	identify the document you're looking at for		23	research in it over the years, is that it's	
24	us on the record.		24	more the concern of chronic inflammation	
		Page 19			Page 21
1	A. So I'm looking at the Kang,		1	versus acute inflammation.	
2	Griffin and Ellis paper right now.		2	When I look at the pathology of	
3	Q. Okay. Great.		3	ovarian tumors, sometimes we see a lot of	
4	(Witness reviews document.)		4	chronic, sometimes we see a not of	
	· · · · · · · · · · · · · · · · · · ·				
5	A. Now I'm looking at the Casper		5	and acute inflammation, sometimes you don't	
6	paper.		6	see inflammation. That doesn't mean it's not	
7	BY MS. BROWN:		7	there; it just means it's not there in the	
8	Q. And before we move the move		8	slide that you're looking at. But in	
9	from the Kang paper, Doctor, is there		9	general, more concern about chronic	
10	anything in the Kang paper that informs your		10	inflammation.	
11	view about whether or not there's an		11	Q. Because, Doctor, you would	
12	increased risk of ovarian cancer with		12	agree, that you can certainly have	
13	talc-dusted condoms?		13	inflammation that does not cause cancer,	
14	A. This paper is just looking at		14	right?	
15	the pathologic changes from talc powder on		15	MS. O'DELL: Object to the	
16	gloves or condoms and is looking at		16	form.	
17	pathologic changes in the intraabdominal		17	A. Inflammation itself doesn't	
			18	always cause cancer. However, inflammation	
	cavity. It doesn't specifically look at the		10		
18	cavity. It doesn't specifically look at the risk of ovarian cancer.			•	
18 19	risk of ovarian cancer.		19	has been correlated with the development of	
18 19 20	risk of ovarian cancer.  Multiple other papers, both		19 20	has been correlated with the development of ovarian cancer in multiple studies, and since	
18 19 20 21	risk of ovarian cancer.  Multiple other papers, both prior and subsequent to this, though,		19 20 21	has been correlated with the development of ovarian cancer in multiple studies, and since the '30s, it's been suggested in the	
18 19 20 21 22	risk of ovarian cancer.  Multiple other papers, both prior and subsequent to this, though, indicate that inflammation is an important		19 20 21 22	has been correlated with the development of ovarian cancer in multiple studies, and since the '30s, it's been suggested in the implication of all cancers or many cancers	
18 19 20 21	risk of ovarian cancer.  Multiple other papers, both prior and subsequent to this, though,		19 20 21	has been correlated with the development of ovarian cancer in multiple studies, and since the '30s, it's been suggested in the	

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		age 22			Page 24
1	BY MS. BROWN:		1	BY MS. BROWN:	
2	Q. Would you agree, Doctor, that		2	Q. Just for the record, Doctor,	
3	the inflammation that was being caused by		3	the lawyer for the plaintiffs has asked that	
4	powders on surgical gloves was not		4	you be able to look at the transcript of my	
5	inflammation that was was suspected of		5	questions and your answers, to assist you	
6	leading to cancer?		6	with your testimony under oath here today; is	
7	MS. O'DELL: Object to the		7	that right?	
8	form.		8	MS. O'DELL: No, actually,	
9	A. I can't I don't know that I		9	she's she's had it there, not to	
10	can say that, because if there's deposits of		10	assist her, but just to make sure	
11	talc from the surgical gloves into the		11	she's read the understood the	
12	abdominal cavity and it stays there because		12	question correctly. I'll put it that	
13	it's not dissolved, that can lead to chronic		13	way. You can answer.	
14	inflammation.		14	BY MS. BROWN:	
15	BY MS. BROWN:		15	Q. Just for the record, you'll be	
16	Q. Do you have any can you cite		16	looking at the realtime questions and answers	
17	any evidence in the medical literature of		17	and testifying here today; is that right?	
18	talc from surgical gloves causing a		18	A. That's my understanding, yes.	
19	procancerous inflammatory response?		19	So now I'm going to have to ask	
20	MS. O'DELL: Object to the		20	you to repeat the question.	
21	form.		21	Q. Fair enough, Doctor. We were	
22	A. Can you define for me what you		22	talking a little bit about talcum powder on	
23	mean by a "procancer inflammatory response"?		23	surgical gloves. Do you remember that?	
24	BY MS. BROWN:		24	A. Yes.	
		0.0			D 25
١.		age 23	_		Page 25
1	Q. Sure. Can you cite us any	age 23	1	Q. And is it your opinion that	Page 25
2	Q. Sure. Can you cite us any evidence in the medical literature that talc	age 23	2	talcum powder that was used on surgical	Page 25
2 3	Q. Sure. Can you cite us any evidence in the medical literature that talc from surgical gloves led to chronic	age 23	2 3	talcum powder that was used on surgical gloves could lead to cancer?	Page 25
2 3 4	Q. Sure. Can you cite us any evidence in the medical literature that talc from surgical gloves led to chronic inflammation that caused cancer.	age 23	2 3 4	talcum powder that was used on surgical gloves could lead to cancer?  A. It's my opinion that talcum	Page 25
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. Sure. Can you cite us any evidence in the medical literature that talc from surgical gloves led to chronic inflammation that caused cancer.  MS. O'DELL: Object to the form.  A. I can cite literature that talc from surgical gloves causes inflammation and there is the concern that it leads to cancer.  BY MS. BROWN:  Q. Okay. And for the proposition, the second part of what you're testifying about, the concern that surgical gloves were causing, not just granulomas or adhesions or foreign body reactions, but cancer, but what literature are you relying on for that proposition?  MS. O'DELL: Object to the form. Excuse me just for a minute.  Micheal, would you make the screen	age 23	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	talcum powder that was used on surgical gloves could lead to cancer?  A. It's my opinion that talcum powder generally has a concern for carcinogenesis, and because it was known to cause inflammation in adhesions, it has been removed from surgical gloves and from condoms.  Q. And what are you relying on for your understanding that dusting powders were removed from surgical gloves because of a concern for cancer?  A. I believe that we've already talked about that, the PCPC report that's referenced on page 5 in my report.  Q. Okay. So that's an internal company document that you cite in connection with condoms, right?  A. Yes.	Page 25
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. Sure. Can you cite us any evidence in the medical literature that talc from surgical gloves led to chronic inflammation that caused cancer.  MS. O'DELL: Object to the form.  A. I can cite literature that talc from surgical gloves causes inflammation and there is the concern that it leads to cancer.  BY MS. BROWN:  Q. Okay. And for the proposition, the second part of what you're testifying about, the concern that surgical gloves were causing, not just granulomas or adhesions or foreign body reactions, but cancer, but what literature are you relying on for that proposition?  MS. O'DELL: Object to the form. Excuse me just for a minute.  Micheal, would you make the screen I don't know how that	age 23	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	talcum powder that was used on surgical gloves could lead to cancer?  A. It's my opinion that talcum powder generally has a concern for carcinogenesis, and because it was known to cause inflammation in adhesions, it has been removed from surgical gloves and from condoms.  Q. And what are you relying on for your understanding that dusting powders were removed from surgical gloves because of a concern for cancer?  A. I believe that we've already talked about that, the PCPC report that's referenced on page 5 in my report.  Q. Okay. So that's an internal company document that you cite in connection with condoms, right?  A. Yes.  Q. Okay. And so my question was a	Page 25

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		D 26			D 20
		Page 26			Page 28
1	surgical gloves can lead to cancer?		1	A. So the studies suggest or	
2	MS. O'DELL: Object to the		2	show inflammation after talcum powder on	
3	form.		3	or talc, talcum powder product on surgical	
4	A. I'm going to give you the same		4	gloves, dusting powder, and therefore it was	
5	answer that I think I've given before is		5	taken off the market. I am not aware of a	
6	that, the concern is that dusting powder on		6	study where talcum-dusted, dusting powdered	
7	surgical gloves has been shown to cause		7	gloves was used to see if it caused cancer.	
8	inflammation and then that inflammation can		8	I believe that would be unethical. And so	
9	lead to cancer.		9	the concern that there is inflammation was	
10	BY MS. BROWN:		10	enough that that was pulled off the market.	
11	Q. And my question's just a little		11	Q. Okay. And when you talk about	
12	bit different, which is, I'm asking you to		12	"unethical," you're talking about running a	
13	identify the scientific literature on which		13	randomized, controlled clinical trial, right?	
14	you rely for that opinion, and "that opinion"		14	A. A prospective study of any	
15	being that powders on surgical gloves can		15	kind.	
16	cause cancer?		16	Q. Sure. And certainly it would	
17	MS. O'DELL: Object to the		17	not be unethical to look at people who have	
18	form, asked and answered. That's		18	had operations with surgical gloves to study	
19	probably the third time the question's		19	this issue, correct?	
20	been repeated.		20	MS. O'DELL: Object to the	
21	Dr. Wolf, you're welcome to		21	form.	
22	respond to the question.		22	A. So you're could you	
23	A. I have the same answer that I		23	retrospectively look and see if people who	
24	gave before. And powder has been removed		24	had surgery with powdered gloves got cancer	
		Page 27			Page 29
1	from surgical gloves because of the concern	Page 27	1	more than those that did not? Is that what	Page 29
1 2	from surgical gloves because of the concern of adhesions and inflammation.	Page 27	1 2	more than those that did not? Is that what you're asking me?	Page 29
		Page 27		more than those that did not? Is that what you're asking me? BY MS. BROWN:	Page 29
2	of adhesions and inflammation.	Page 27	2	you're asking me?	Page 29
2 3	of adhesions and inflammation. BY MS. BROWN: Q. I understand that testimony	Page 27	2 3	you're asking me? BY MS. BROWN:	Page 29
2 3 4	of adhesions and inflammation. BY MS. BROWN:	Page 27	2 3 4	you're asking me? BY MS. BROWN: Q. Sure. What I'm trying to clear	Page 29
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		D 00			
		Page 30			Page 32
1	cancer?		1	to answer a question and pulled it today	
2	A. I don't recall.		2	or or gave it today because they actually	
3	Q. Do you consider the FDA to be a		3	use very similar methods.	
4	reliable public health authority?		4	Q. Do you consider the	
5	MS. O'DELL: Object to the		5	International Agency on the Research of	
6	form.		6	Cancer to be a respected public health	
7	A. I consider that the FDA does		7	authority?	
8	its best to be a reliable health authority.		8	A. I do.	
9	The FDA, or any agency, is not without the		9	Q. Do you look to the research	
10	ability to make a wrong decision or a		10	that the scientists at IARC do, when	
11	decision that they later change.		11	considering your own evaluation of scientific	
12	BY MS. BROWN:		12	theories?	
13	Q. Do you consider the work that		13	A. I do.	
14	scientists at the FDA do in connection with		14	Q. Do you think that IARC is	
15	public health issues, to be important to		15	generally an impartial body that endeavors to	
16	consider in forming your opinions regarding		16	do the best research it can on cancer?	
17	scientific theories?		17	A. I do.	
18	MS. O'DELL: Object to the		18	Q. And have you considered IARC's	
19	form.		19	conclusions as it relates to the opinions	
20	A. I think it's a piece of		20	that you've provided in your report, your MDL	
21	information to consider.		21	report?	
22	BY MS. BROWN:		22	A. Yes. I considered them amongst	
23	Q. And as it relates to your		23	many things.	
24	opinion about dusting powders on surgical		24	Q. Sure. Is there anything	- 1
		Page 31			Page 33
1	aloves you have not had the amount mitry to	Page 31	1	different hotersoon the UnToDeta course that	Page 33
1	gloves, you have not had the opportunity to	Page 31	1	different between the UpToDate source that	Page 33
2	review the FDA's research on that score; is	Page 31	2	you provided as Exhibit 2 and the preamble	Page 33
2 3	review the FDA's research on that score; is that fair?	Page 31	2 3	you provided as Exhibit 2 and the preamble that you've directed us to on Exhibit 3?	Page 33
2 3 4	review the FDA's research on that score; is that fair?  A. That's correct.	Page 31	2 3 4	you provided as Exhibit 2 and the preamble that you've directed us to on Exhibit 3?  MS. O'DELL: Object to the	Page 33
2 3 4 5	review the FDA's research on that score; is that fair?  A. That's correct. Q. Another item, Doctor, that	Page 31	2 3 4 5	you provided as Exhibit 2 and the preamble that you've directed us to on Exhibit 3?  MS. O'DELL: Object to the form.	Page 33
2 3 4 5 6	review the FDA's research on that score; is that fair?  A. That's correct. Q. Another item, Doctor, that counsel for plaintiffs handed me before we	Page 31	2 3 4 5 6	you provided as Exhibit 2 and the preamble that you've directed us to on Exhibit 3?  MS. O'DELL: Object to the form.  BY MS. BROWN:	Page 33
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2 3 4 5 6 7 8	review the FDA's research on that score; is that fair?  A. That's correct. Q. Another item, Doctor, that counsel for plaintiffs handed me before we began the deposition, I will mark as Exhibit 3, and it is the preamble to the IARC	Page 31	2 3 4 5 6 7 8	you provided as Exhibit 2 and the preamble that you've directed us to on Exhibit 3?  MS. O'DELL: Object to the form.  BY MS. BROWN:  Q. That wasn't a great question.  Do you find that Exhibit 2, the UpToDate	Page 33
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1	•	Page 34			Page 36
1	UpToDate articles?	2 460 37	1	A. That's correct.	1 ugc 30
2	A. I don't know their peer review		2	Q. So as it relates to the	
3	process. I've never put any article into		3	opinions in your report, dated November 16,	
4	UpToDate. So I don't understand I don't		4	2018, the Saed manuscript that we've marked	
5	know the details of it.		5	as Exhibit 4, did not inform those opinions;	
6	Q. Okay. What basis do you have		6	is that fair?	
7	for saying that the UpToDate information		7	A. That's correct.	
8	you've provided as Exhibit 2 is peer		8	MS. O'DELL: Object to the	
9	reviewed?		9	form.	
10	A. Well, it's my understanding		10	A. I had an abstract that has some	
11			11		
12	that it is. Like any article that's		12	of this data that had been accepted to the	
	published in the medical literature, there's			SGO meeting for this year, but I did not have	
13	usually some kind of reviewed process, where		13	the entire report.	
14	the editor receives it and asks a panel of		14	BY MS. BROWN:	
15	experts to comment on it.		15	Q. The next piece of information	
16	Q. Okay. But this UpToDate		16	that counsel for plaintiffs provided, is a	
17	information, that's not published in a		17	list of your invoices.	
18	medical journal, right?		18	(Deposition Exhibit 5 marked	
19	A. It's published online.		19	for identification.)	
20	Q. Right.		20	BY MS. BROWN:	
21	A. As many medical literature now		21	Q. Did you type these invoices,	
22	is published online, not in a hard journal.		22	Dr. Wolf?	
23	Q. Okay. But to be fair, you're		23	A. Yes.	
24	not aware of whether or not the information		24	Q. Okay. And so it looks like	
		Page 35			Page 37
1	you've provided as Exhibit 2 has gone through	Page 35	1	there's actually a little different format	Page 37
1 2		Page 35	1 2	there's actually a little different format between the first invoice, which appears to	Page 37
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		Page 38			Page 40
1	few follow-up questions, if I can grab that	Ü	1	invoices that Dr. Wolf sent to Beasley	<b>U</b>
2	back from you. As I understand it, Dr. Wolf,		2	Allen. For the record, what we have	
3	the very first page of Exhibit 5, which is		3	are four additional pages of	
4	entitled "Judith Wolf, Medical Expert Hours,"		4	Exhibit 5, which appear to be have	
5	January 2017, at \$600 an hour, that's a		5	been generated by Beasley Allen. So	
6	document you typed. Fair?		6	we'll request the underlying invoices	
7	A. That's correct.		7	that came from the doctor.	
8	Q. Okay. And for each subsequent		8	MS. O'DELL: Fair enough.	
9	invoice, you typed a document similar to the		9	MS. BROWN: Thank you.	
10	first page of Exhibit 5. True?		10	MS. O'DELL: I would just note	
11	A. Yes.		11	for the record, just so there's no	
12	Q. Okay. And the remaining pages		12	suggestion otherwise, those are	
13	of Exhibit 5 have sort of a a different		13	contemporaneously provided. There's	
14	format. Would you agree?		14	no generation of that in conjunction	
15	A. The hours look the same, but		15	with this deposition. So I'm happy to	
16	I mean the format of the hours look the same,		16	provide	
17	but the invoice at the top, no yes, that		17	MS. BROWN: And to be fair, I	
18	looks different.		18	don't mean to suggest anything	
19	Q. Right. And I'm not trying to		19	untoward.	
20	be tricky, but you didn't type everything		20	MS. O'DELL: I want the record	
21	after page 1 of Exhibit 5; is that fair?		21	to be clear.	
22	MS. O'DELL: What I'm		22	MS. BROWN: As do we.	
23	conveying what I said.		23	MS. O'DELL: So I will happy	
24	MS. BROWN: Let's get an answer		24	to ask my office for the other	
		D 20			D 41
		Page 39	_		Page 41
1	and then I'm happy to have you make	Page 39	1	documents.	Page 41
2	the statement for the record. I just	Page 39	2	MS. BROWN: Terrific. And so	Page 41
2 3	the statement for the record. I just want an answer to that question.	Page 39	2 3	MS. BROWN: Terrific. And so we'll request the original invoices	Page 41
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### Case 3:16-md-02738-MAS-RLS Document 9733-4 Filed 05/07/19 Page 13 of 124 PageID: 34481

1 you have here is for a one and a half hour metting with Margaret Thompson. True?   2 Austin for a long time.   3 A. Yes.   3 A. Yes.   4 Q. Who is Margaret Thompson is one of the attorneys for Beasley Allen.   2 Q. Okay. And how is it - and w. M. Thompson's here today; is that right?   3 A. Yes. She's sitting right there.   4 D. When did this conversation take place?   5 place?   5 D. When did this conversation take place?   5 D. When did this conversation take place?   6 A. I don't remember. Sometime before January of 2017, but I don't remember the date. And it had to happen after 2015, because I didn't meet her until then, so some of my neighbors, her name is Ali Gallagher, lives in the same building as I do. She is an attorney and also a nurse practitioner by training. And I meet her at a social setting in the lobby of my building. We have happy hours on Fridays.   16 A. She was - A			age 42			Page 44
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	21 22	Ms. Thompson?			said yes.	
24 A. You know what? I don't really 24 working, Dr. Wolf?	21 22 23	Ms. Thompson? MS. O'DELL: If you know.		23	Q. And in 2015, where were you	

## Case 3:16-md-02738-MAS-RLS Document 9733-4 Filed 05/07/19 Page 14 of 124 PageID: 34482 Judith K. Wolf, M.D.

1 A. In 2015, I was working for a 2 diagnostic company called Vermillion, and I 3 was doing some clinical medicine as locum 4 tenens covering practices here and there, 5 just so I could keep my clinical skills up. 6 C. And where were you doing your 6 clinical medicine during your time at 8 Vermillion? 8 Vermillion? 8 Vermillion? 8 Vermillion? 9 A. At in Atlanta and in 10 Indianapolis. 10 Indianapolis. 11 Q. What facility in Atlanta? 11 Q. What facility in Atlanta? 11 A. Northwest Memorial, I believe 12 A. Northwest Memorial, I believe 13 is the name of the hospital. 13 is the name of the hospital. 14 Q. And what was the other location 15 where you performed 16 A. Community Health in 16 staff at both of those locations? 19 A. On staff at the hospital, yes. 21 Q. And So were you a physician on 18 staff at both of those locations? 22 aware of your clinical practice as well? 24 Q. Okay. And how many patients 19 would you say you were treating at that time? 24 Q. Did you way you were treating at that time? 25 Q. Did you way you were treating at that time? 26 Q. Did you have set office hours 27 A. In Atlanta, I covered probably 28 three or four weeks a year when the doctors 29 were on vacation. In Indianapolis, when I started, that's what I was doing. There was 10 none to cover. 15 Q. Fair to say clinical medicine at location 15 days one than 25 days that, in general, my practice in the last five years has been about a third ovarian cancer and about 50 percent endometrial cancer. Prior to 2014, when I was obecause patients came habout a third ovarian cancer and about 50 percent endometrial cancer. Prior to 2014, when I was been about a third ovarian cancer and about 50 percent endometrial cancer. Prior to 2014, when I was been about a third ovarian cancer and about 50 percent endometrial cancer. Prior to 2014, when I was been about a third ovarian cancer to 20 percent endometrial c	2	Page 46			Page 48
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7 covering one week a month in Indiana. 8 three or four weeks a year when the doctors 9 were on vacation. In Indianapolis, when I 10 started, that's what I was doing. There was 11 one doctor and when he was gone, there was no 12 one to cover. 13 Q. Fair to say clinical medicine 17 covering one week a month in Indiana. 8 Q. In what states are you licensed 9 to practice medicine? 10 A. My active licenses are in 11 Indiana, Georgia and Arizona. 12 Q. And you no longer have an 13 active license in Texas; is that right?	5	Q. Did you have set office hours	5		
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14 was a small part of your practice during the 14 A. That's correct.	12	•			
	12 13	was a small part of your practice during the	114	A That's correct	
	12 13 14				
	12 13 14 15	time period you were at Vermillion?	15	Q. Any other states that are no	
	12 13 14 15 16	time period you were at Vermillion? A. Yes.	15 16	Q. Any other states that are no longer active for you?	
	12 13 14 15 16 17	time period you were at Vermillion?  A. Yes. Q. Did you treat any ovarian	15 16 17	<ul><li>Q. Any other states that are no longer active for you?</li><li>A. Minnesota.</li></ul>	
	12 13 14 15 16 17 18	time period you were at Vermillion?  A. Yes. Q. Did you treat any ovarian cancer patients during the time period you	15 16 17 18	<ul><li>Q. Any other states that are no longer active for you?</li><li>A. Minnesota.</li><li>Q. And then as I understand it,</li></ul>	
	12 13 14 15 16 17 18 19	time period you were at Vermillion? A. Yes. Q. Did you treat any ovarian cancer patients during the time period you worked for Vermillion?	15 16 17 18 19	<ul> <li>Q. Any other states that are no longer active for you?</li> <li>A. Minnesota.</li> <li>Q. And then as I understand it, you left Provista in about January of 2017?</li> </ul>	
	12 13 14 15 16 17 18 19 20	time period you were at Vermillion?  A. Yes. Q. Did you treat any ovarian cancer patients during the time period you worked for Vermillion?  A. Yes.	15 16 17 18 19 20	<ul> <li>Q. Any other states that are no longer active for you?</li> <li>A. Minnesota.</li> <li>Q. And then as I understand it, you left Provista in about January of 2017?</li> <li>A. No, I left Provista just my</li> </ul>	
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24 A. I don't remember how many 24 plaintiffs' lawyers in the talc litigation,	12 13 14 15 16 17 18 19 20 21 22 23	time period you were at Vermillion?  A. Yes. Q. Did you treat any ovarian cancer patients during the time period you worked for Vermillion?  A. Yes. Q. About how many patients would you estimate you treated during that time period?	15 16 17 18 19 20 21 22 23	Q. Any other states that are no longer active for you? A. Minnesota. Q. And then as I understand it, you left Provista in about January of 2017? A. No, I left Provista just my official last day was October 1st of 2018. Q. And so during part of the time when you began your expert work for the	

## Case 3:16-md-02738-MAS-RLS Document 9733-4 Filed 05/07/19 Page 15 of 124 PageID: 34483 Judith K. Wolf, M.D.

		age 50			Page 52
1	you were working at Provista; is that right?	50 50	1	of your time would you say is devoted to	1 450 52
2	A. That's correct.		2	treating patients at the Community Health	
3	Q. Okay. Did you do any of		3	Network?	
4	work any expert work for plaintiffs'		4	A. 60.	
5	lawyers in the talc litigation while you were		5	MS. O'DELL: Just for	
6	working at Vermillion?		6	clarification, are you asking for her	
7	A. Let me think about that. Yes,		7	time she's working at Community Health	
8	I believe I did.		8	in Indianapolis, what percentage of	
9	Q. Did you disclose to Vermillion		9	her time is devoted to treating	
10	your work for plaintiffs' lawyers in the talc		10	patients, or are you asking overall?	
11	litigation?		11	It was just confusing.	
12	MS. O'DELL: If you did if		12	MS. BROWN: So the question	
13	you did any work during that time		13	I'm looking at the real time. The	
14	period.		14	question said, "devoted to treating	
15	A. Yeah, I don't recall. I don't		15	patients at Community Health Network."	
16	recall.		16	MS. O'DELL: Okay. Thank you.	
17	BY MS. BROWN:		17	BY MS. BROWN:	
18	Q. Do you recall if Vermillion had		18	Q. Doctor, the final document that	
19	a policy about its officials doing expert		19	the lawyer for the plaintiffs, Ms. O'Dell	
20	witness work?		20	gave me this morning, is we will mark as	
21	A. My recollection was that they		21	Exhibit 6, which appears to be an updated CV	
22	did not have a policy.		22	for you, dated January 4th, 2017.	
23	Q. And what were the circumstances		23	(Deposition Exhibit 6 marked	
24	that led to you leaving Provista in October		24	for identification.)	
	P	age 51			Page 53
1	of 2018?	age 51	1	BY MS. BROWN:	Page 53
2	of 2018? A. Provista? I could see that the	age 51	2	Q. Do you have a copy in front of	Page 53
2 3	of 2018? A. Provista? I could see that the company was having trouble getting funding,	age 51	2 3	Q. Do you have a copy in front of you?	Page 53
2 3 4	of 2018? A. Provista? I could see that the company was having trouble getting funding, and, in fact, on October 1st, 2018, the	age 51	2 3 4	Q. Do you have a copy in front of you? A. Yes, I do.	Page 53
2 3 4 5	of 2018?  A. Provista? I could see that the company was having trouble getting funding, and, in fact, on October 1st, 2018, the company shut down. And so I had already been	age 51	2 3	<ul><li>Q. Do you have a copy in front of you?</li><li>A. Yes, I do.</li><li>Q. So the copy that was attached</li></ul>	Page 53
2 3 4 5 6	of 2018?  A. Provista? I could see that the company was having trouble getting funding, and, in fact, on October 1st, 2018, the company shut down. And so I had already been looking and I knew that Indiana wanted me to	age 51	2 3 4 5 6	<ul> <li>Q. Do you have a copy in front of you?</li> <li>A. Yes, I do.</li> <li>Q. So the copy that was attached to your report, I believe was dated 2016.</li> </ul>	Page 53
2 3 4 5 6 7	of 2018?  A. Provista? I could see that the company was having trouble getting funding, and, in fact, on October 1st, 2018, the company shut down. And so I had already been looking and I knew that Indiana wanted me to come there, so	age 51	2 3 4 5 6 7	<ul> <li>Q. Do you have a copy in front of you?</li> <li>A. Yes, I do.</li> <li>Q. So the copy that was attached to your report, I believe was dated 2016.</li> <li>A. Yes.</li> </ul>	Page 53
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2 3 4 5 6 7 8 9	of 2018?  A. Provista? I could see that the company was having trouble getting funding, and, in fact, on October 1st, 2018, the company shut down. And so I had already been looking and I knew that Indiana wanted me to come there, so  Q. So when you say "the company shut down," what do you mean by that?	age 51	2 3 4 5 6 7 8 9	Q. Do you have a copy in front of you?  A. Yes, I do. Q. So the copy that was attached to your report, I believe was dated 2016.  A. Yes. Q. Now, why would that be? A. Because from the time I started	Page 53
2 3 4 5 6 7 8 9	of 2018?  A. Provista? I could see that the company was having trouble getting funding, and, in fact, on October 1st, 2018, the company shut down. And so I had already been looking and I knew that Indiana wanted me to come there, so  Q. So when you say "the company shut down," what do you mean by that?  A. They dissolved.	'age 51	2 3 4 5 6 7 8 9	Q. Do you have a copy in front of you?  A. Yes, I do. Q. So the copy that was attached to your report, I believe was dated 2016. A. Yes. Q. Now, why would that be? A. Because from the time I started working with a company actually, I haven't	Page 53
2 3 4 5 6 7 8 9 10	of 2018?  A. Provista? I could see that the company was having trouble getting funding, and, in fact, on October 1st, 2018, the company shut down. And so I had already been looking and I knew that Indiana wanted me to come there, so  Q. So when you say "the company shut down," what do you mean by that?  A. They dissolved.  Q. Was there any investigation	age 51	2 3 4 5 6 7 8 9 10	Q. Do you have a copy in front of you?  A. Yes, I do. Q. So the copy that was attached to your report, I believe was dated 2016. A. Yes. Q. Now, why would that be? A. Because from the time I started working with a company actually, I haven't had an assistant to help me update it and I'm	Page 53
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		Page 54			Page 56
1	BY MS. BROWN:		1	A. In the popular press, I have	
2	Q. Okay. I think we're all on the		2	talked about the use of birth control pills	
3	same page now. All right. And you've		3	to reduce the risk of ovarian cancer, I've	
4	updated this with additional employment that		4	talked about the symptoms of ovarian cancer,	
5	you've had		5	I've talked about some of my research and	
6	A. Yes.		6	treatment of ovarian cancer. I don't recall	
7	Q since the time of your		7	that I specifically talked about the risk of	
8	last		8	ovarian cancer.	
9	A. And a few publications that		9	Q. Do you recall have you ever	
10	weren't on there.		10	spoken have you ever gone on any strike	
11	Q. Have you ever just to speak		11	that.	
12	generally about your resumé, Doctor, have you		12	Have you ever done any news	
13	ever published any peer-reviewed article		13	interviews in which you have indicated your	
14	regarding talcum powder and ovarian cancer?		14	opinion in this case, which is that you	
15	A. No.		15	believe that talc talcum powder causes	
16	Q. Have you ever given any		16	ovarian cancer?	
17	presentation regarding talcum powder and		17	A. I have not. But until I	
18	ovarian cancer?		18	started reviewing all the literature for this	
19	A. No.		19	case, I was generally aware of some	
20	Q. Have you ever been invited to		20	epidemiologic studies, but I wasn't as	
21	speak at any conference that dealt with		21	convinced after reviewing the entire body of	
22	issues regarding talcum powder and ovarian		22	literature that I was able to review, that	
23	cancer?		23	talcum powder causes ovarian cancer in some	
24	A. No.		24	women and puts all women who use it at risk	
		Page 55			Page 57
1	O I've seen over the years	Page 55	1	for ovarian cancer	Page 57
1 2	Q. I've seen over the years,	Page 55	1 2	for ovarian cancer.  O Prior to being hired as an	Page 57
2	Doctor, you've done some popular press and	Page 55	2	Q. Prior to being hired as an	Page 57
2 3	Doctor, you've done some popular press and news segments; is that right?	Page 55	2 3	Q. Prior to being hired as an expert witness for plaintiff lawyers in the	Page 57
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	Pa	ge 58			Page 60
1	brought that up was that, not to worry,		1	A. Twenty-four years.	
2	talcum powder doesn't contain asbestos		2	Q. And for the 24 years that you	
3	anymore and so that data is old and it		3	practiced as a gynecologic oncologist prior	
4	doesn't matter.		4	to being hired by the plaintiffs' lawyers, it	
5	After reviewing all the		5	was not your regular practice to ask your	
6	literature and the information that I have		6	patients if they used talcum powder. True?	
7	seen, I don't believe that's true anymore.		7	MS. O'DELL: Object to the	
8	BY MS. BROWN:		8	form.	
9	Q. You have formed the opinion		9	A. Prior to reviewing all the	
10	that talcum powder causes ovarian cancer		10	literature and becoming convinced that it was	
11	since being hired by the plaintiffs' lawyers		11	a concern, it was not my regular practice.	
12	in the talcum powder litigation, correct?		12	BY MS. BROWN:	
13	MS. O'DELL: Object to the		13	Q. And you keep answering the	
14	form.		14	question by saying "prior to reviewing all	
15	A. I want to think about how I		15	the literature." You reviewed all of the	
16	want to answer that, because the question is		16	literature at the request of the plaintiffs'	
17	a little confusing to me because I believe		17	lawyers, correct?	
18	what I said was, until I was aware of all of		18	MS. O'DELL: Object to the	
19	the literature and looked at it as a whole,		19	form, asked and answered.	
20	all of the evidence, I hadn't formed the		20	A. I reviewed all the literature	
21	opinion that talcum powder causes ovarian		21	when I got when I wanted to learn more	
22	cancer. I knew there was data that suggests		22	about it, to become involved with deciding on	
23	that talcum powder product increases the risk		23	my own, whether this was something that I	
24	of ovarian cancer and once I had all the		24	should be concerned about. And if I reviewed	
	Pa	ge 59			Page 61
1		ge 59	1	the literature and felt there was no concern	Page 61
1 2	information, I fully believe it. And now I	ge 59	1 2	the literature and felt there was no concern, I would have a different opinion	Page 61
2	information, I fully believe it. And now I tell all my patients, whether they have	ge 59	2	I would have a different opinion.	Page 61
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		Page 62			Page 64
1	plaintiffs' lawyers, correct?	1 480 02	1	health publications and went on TV shows,	1 4.50 0 1
2	A. I would say the date that I was		2	like Dr. Oz. True?	
3	convinced that talcum powder products cause		3	A. Yes.	
4	ovarian cancer was after I reviewed all the		4	MS. O'DELL: Object to the	
5	literature. Prior to that, I knew that there		5	form.	
6	was some papers that suggested there was a		6	BY MS. BROWN:	
7	risk, but I didn't review all the literature		7	Q. And during those 24 years, you	
8	to formulate an opinion about it.		8	did not publish, write or speak about the	
9	Q. And the reason that you		9	opinion that talcum powder causes ovarian	
10	formulated an opinion by reviewing all of the		10	cancer, correct?	
11	literature, was because you had been hired as		11	A. What I published was my	
12	an expert witness by plaintiffs' lawyers.		12	research, which was not on talcum powder	
13	True?		13	products and ovarian cancer. What I spoke	
14	MS. O'DELL: Object to the		14	about was what I was asked to speak about,	
15	form.		15	which was not talcum powder and ovarian	
16	A. I'm confused with the question.		16	cancer. When I was on the public when I	
17	Because		17	was on the television or in the news, there	
18	BY MS. BROWN:		18	was specific questions that I was being asked	
19	Q. Well, let me see if I can		19	to speak about. They were not talcum powder	
20	orient you, Dr. Wolf. Here's what we're		20	and ovarian cancer.	
21	trying to understand. I understand your		21	Q. But to be fair, some of the	
22	testimony was that for about 24 years as a		22	questions you were asked about is, what	
23	practicing gynecologic oncologist, the		23	increases a woman's risk for ovarian cancer,	
24	potential association between talcum powder		24	right?	
	potential association occurrent taleam powers				
		Page 63			Page 65
1	and ovarian cancer was not something you	Page 63	1	MS. O'DELL: Object to the	Page 65
1 2	and ovarian cancer was not something you were, quote, focused on; is that right?	Page 63	1 2	MS. O'DELL: Object to the form.	Page 65
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	were, quote, focused on; is that right?  MS. O'DELL: Object to the form.  A. It's not something that I was researching.  BY MS. BROWN:  Q. Okay. Nonetheless, you worked as an advocate for women's health during those 24 years. True?  A. Most of those years.  Q. You published a number of papers in the area of women's health, correct?  A. Yes.  Q. You were invited to a number of conferences and seminars and symposia on issues regarding ovarian cancer and women's health. True?  A. Yes.  Q. You published chapters in textbooks regarding ovarian cancer. True?	Page 63	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	form.  A. I don't remember the questions that I was asked about on Dr. Oz. I know that the purpose for me to go on that was to talk about the reduction in the risk of ovarian cancer by using birth control pills and I don't remember all of the questions.  As far as I can recall, the other times I was on the news, that was not a question that was raised.  BY MS. BROWN:  Q. When is the first date you can recall forming the opinion that you've provided in your expert report in the MDL?  MS. O'DELL: Object to the form. Are you moving off going through the sort of the notice and the documents requested? I'm not MS. BROWN: Shortly. You almost ready for a break?  MS. O'DELL: Well, probably in	Page 65

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	Page 6	5		Page 68
1	say earlier is, there were certain	$\begin{bmatrix} 1 \\ 1 \end{bmatrix}$	Is there anything else that	1 450 00
2	documents that were requested through	2	you've brought with you today in response to	
3	the notice. And just for the record,	3	our requests contained in Exhibit 1?	
4	I wanted to state that plaintiffs	4	MS. O'DELL: Other than the	
5	served objections to certain of those	5	notebooks she's brought for her	
6	requests and we produced documents	6	reference materials?	
7	here consistent with those objections.	7	A. No, I haven't I brought	
8	MS. BROWN: Right. We're in	8	this it has my report and my reference	
9	receipt of your objections.	9	list and my CV. These are all my references	
10	BY MS. BROWN:	10	and all of that is contributing material.	
11	Q. So Doctor, what let's mark	11	BY MS. BROWN:	
12	your report as Exhibit 7.	12	Q. Okay. So for the record, let's	
13	(Deposition Exhibit 7 marked	13	identify what you've just pointed out to us.	
14	for identification.)	14	You have a small binder in front of you	
15	BY MS. BROWN:	15	A. Yeah.	
16	Q. And my question for you is	16	Q which appears to be tabbed.	
17	that when's the first date by which you	17	Did you do that tabbing?	
18	formed the opinions that are contained in	18	A. I did. And it just sort of	
19	this report that we've marked as Exhibit 7?	19	says which section is which in my report.	
20	MS. O'DELL: Object to the	20	Q. Do you have any notes in your	
21	form.	21	report, other than the tabs?	
22	A. I cannot recall the first date.	22	A. No.	
23	BY MS. BROWN:	23	Q. Okay. And what else is	
24	Q. Okay. At the time that you	24	contained in that binder?	
		-		
	Page 6	7		Page 69
1	were approached by Ms. Gallagher in 2005, you	1	A. My CV and then this is a list	
2	did not hold the opinion that talcum powder	2	of all of the contributing material.	
3	causes ovarian cancer, correct?	3	Q. And then you have next to you	
4	MS. O'DELL: Object to the	4	three larger binders, which I think you said	
5	form.	5	contain the references in the report; is that	
6	A. I didn't meet Ms. Gallagher	6	right?	
7	till 2015.	7	A. The references and also the	
8				
	BY MS. BROWN:	8	other articles that you were provided, the	
9	Q. Correct. I misspoke. I'm	9	other articles that you were provided, the new are in these and then that's all the	
10	Q. Correct. I misspoke. I'm sorry.	9 10	other articles that you were provided, the new are in these and then that's all the contributing material.	
10 11	<ul><li>Q. Correct. I misspoke. I'm sorry.</li><li>A. And the question was, I did not</li></ul>	9 10 11	other articles that you were provided, the new are in these and then that's all the contributing material.  Q. Okay. And so for the record,	
10 11 12	<ul><li>Q. Correct. I misspoke. I'm sorry.</li><li>A. And the question was, I did not hold the opinion that I had concerns about</li></ul>	9 10 11 12	other articles that you were provided, the new are in these and then that's all the contributing material.  Q. Okay. And so for the record, behind you there's probably another ten or 12	
10 11 12 13	Q. Correct. I misspoke. I'm sorry.  A. And the question was, I did not hold the opinion that I had concerns about talcum powder uses in ovarian cancer and I	9 10 11 12 13	other articles that you were provided, the new are in these and then that's all the contributing material.  Q. Okay. And so for the record, behind you there's probably another ten or 12 binders that you're suggesting contain the	
10 11 12 13 14	Q. Correct. I misspoke. I'm sorry.  A. And the question was, I did not hold the opinion that I had concerns about talcum powder uses in ovarian cancer and I had enough concerns that I was interested	9 10 11 12 13 14	other articles that you were provided, the new are in these and then that's all the contributing material.  Q. Okay. And so for the record, behind you there's probably another ten or 12 binders that you're suggesting contain the documents contained in listed in Exhibit B	
10 11 12 13 14 15	Q. Correct. I misspoke. I'm sorry.  A. And the question was, I did not hold the opinion that I had concerns about talcum powder uses in ovarian cancer and I had enough concerns that I was interested enough to become involved in learning more	9 10 11 12 13 14 15	other articles that you were provided, the new are in these and then that's all the contributing material.  Q. Okay. And so for the record, behind you there's probably another ten or 12 binders that you're suggesting contain the documents contained in listed in Exhibit B to your report?	
10 11 12 13 14 15 16	Q. Correct. I misspoke. I'm sorry.  A. And the question was, I did not hold the opinion that I had concerns about talcum powder uses in ovarian cancer and I had enough concerns that I was interested enough to become involved in learning more about it.	9 10 11 12 13 14 15 16	other articles that you were provided, the new are in these and then that's all the contributing material.  Q. Okay. And so for the record, behind you there's probably another ten or 12 binders that you're suggesting contain the documents contained in listed in Exhibit B to your report?  A. That's correct.	
10 11 12 13 14 15 16 17	Q. Correct. I misspoke. I'm sorry.  A. And the question was, I did not hold the opinion that I had concerns about talcum powder uses in ovarian cancer and I had enough concerns that I was interested enough to become involved in learning more about it.  Q. To close the loop, then,	9 10 11 12 13 14 15 16 17	other articles that you were provided, the new are in these and then that's all the contributing material.  Q. Okay. And so for the record, behind you there's probably another ten or 12 binders that you're suggesting contain the documents contained in listed in Exhibit B to your report?  A. That's correct.  Q. Okay. You didn't type Exhibit	
10 11 12 13 14 15 16 17 18	Q. Correct. I misspoke. I'm sorry.  A. And the question was, I did not hold the opinion that I had concerns about talcum powder uses in ovarian cancer and I had enough concerns that I was interested enough to become involved in learning more about it.  Q. To close the loop, then, Doctor, on the requests we made in the	9 10 11 12 13 14 15 16 17 18	other articles that you were provided, the new are in these and then that's all the contributing material.  Q. Okay. And so for the record, behind you there's probably another ten or 12 binders that you're suggesting contain the documents contained in listed in Exhibit B to your report?  A. That's correct.  Q. Okay. You didn't type Exhibit B to your report, did you, Doctor?	
10 11 12 13 14 15 16 17 18 19	Q. Correct. I misspoke. I'm sorry.  A. And the question was, I did not hold the opinion that I had concerns about talcum powder uses in ovarian cancer and I had enough concerns that I was interested enough to become involved in learning more about it.  Q. To close the loop, then, Doctor, on the requests we made in the deposition notice that we've marked as	9 10 11 12 13 14 15 16 17 18 19	other articles that you were provided, the new are in these and then that's all the contributing material.  Q. Okay. And so for the record, behind you there's probably another ten or 12 binders that you're suggesting contain the documents contained in listed in Exhibit B to your report?  A. That's correct. Q. Okay. You didn't type Exhibit B to your report, did you, Doctor? A. I did not type it.	
10 11 12 13 14 15 16 17 18 19 20	Q. Correct. I misspoke. I'm sorry.  A. And the question was, I did not hold the opinion that I had concerns about talcum powder uses in ovarian cancer and I had enough concerns that I was interested enough to become involved in learning more about it.  Q. To close the loop, then, Doctor, on the requests we made in the deposition notice that we've marked as Exhibit 1, we've marked a number of documents	9 10 11 12 13 14 15 16 17 18 19 20	other articles that you were provided, the new are in these and then that's all the contributing material.  Q. Okay. And so for the record, behind you there's probably another ten or 12 binders that you're suggesting contain the documents contained in listed in Exhibit B to your report?  A. That's correct. Q. Okay. You didn't type Exhibit B to your report, did you, Doctor? A. I did not type it. Q. Do you know where Exhibit B to	
10 11 12 13 14 15 16 17 18 19 20 21	Q. Correct. I misspoke. I'm sorry.  A. And the question was, I did not hold the opinion that I had concerns about talcum powder uses in ovarian cancer and I had enough concerns that I was interested enough to become involved in learning more about it.  Q. To close the loop, then, Doctor, on the requests we made in the deposition notice that we've marked as Exhibit 1, we've marked a number of documents that lawyers for the plaintiffs produced	9 10 11 12 13 14 15 16 17 18 19 20 21	other articles that you were provided, the new are in these and then that's all the contributing material.  Q. Okay. And so for the record, behind you there's probably another ten or 12 binders that you're suggesting contain the documents contained in listed in Exhibit B to your report?  A. That's correct. Q. Okay. You didn't type Exhibit B to your report, did you, Doctor? A. I did not type it. Q. Do you know where Exhibit B to your report came from?	
10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Correct. I misspoke. I'm sorry.  A. And the question was, I did not hold the opinion that I had concerns about talcum powder uses in ovarian cancer and I had enough concerns that I was interested enough to become involved in learning more about it.  Q. To close the loop, then, Doctor, on the requests we made in the deposition notice that we've marked as Exhibit 1, we've marked a number of documents that lawyers for the plaintiffs produced early this morning. We're aware of the	9 10 11 12 13 14 15 16 17 18 19 20 21 22	other articles that you were provided, the new are in these and then that's all the contributing material.  Q. Okay. And so for the record, behind you there's probably another ten or 12 binders that you're suggesting contain the documents contained in listed in Exhibit B to your report?  A. That's correct. Q. Okay. You didn't type Exhibit B to your report, did you, Doctor? A. I did not type it. Q. Do you know where Exhibit B to your report came from? A. The attorneys typed it up for	
10 11 12 13 14 15 16 17 18 19 20 21	Q. Correct. I misspoke. I'm sorry.  A. And the question was, I did not hold the opinion that I had concerns about talcum powder uses in ovarian cancer and I had enough concerns that I was interested enough to become involved in learning more about it.  Q. To close the loop, then, Doctor, on the requests we made in the deposition notice that we've marked as Exhibit 1, we've marked a number of documents that lawyers for the plaintiffs produced	9 10 11 12 13 14 15 16 17 18 19 20 21	other articles that you were provided, the new are in these and then that's all the contributing material.  Q. Okay. And so for the record, behind you there's probably another ten or 12 binders that you're suggesting contain the documents contained in listed in Exhibit B to your report?  A. That's correct. Q. Okay. You didn't type Exhibit B to your report, did you, Doctor? A. I did not type it. Q. Do you know where Exhibit B to your report came from?	

					D =0
		age 70			Page 72
1	Q. Okay. Did the attorneys		1	A. No.	
2	provide you with all of the materials that		2	Q. Did you take any notes when you	
3	are listed on Exhibit B?		3	were reviewing any of the materials cited in	
4	A. No.		4	your report?	
5	Q. Which of the materials on		5	A. I didn't take separate notes.	
6	Exhibit B were provided by the attorneys?		6	What I did was, I started writing things down	
7	A. I can't tell you. It's a mix		7	and used that as the draft of my report and	
8	of what I provided them, what they provided		8	then just updated it every time I read more,	
9	me, what I asked them to provide to me.		9	changed more, added, subtracted to it.	
10	Q. Well, let's start by		10	Q. Take a look, if you would, at	
11	understanding the difference between your		11	page 13 of Exhibit B. There are a number of	
12	reference list on page 18 of your report and		12	entries that begin with the letters J&J. Do	
13	then Exhibit B to your report. Can you		13	you see that?	
14	explain to me the difference there?		14	A. I do.	
15	A. The reference lists are		15 16	<ul><li>Q. What are those?</li><li>A. Those are internal documents</li></ul>	
16 17	articles that I actually reference in my		16 17		
18	report. And this is all the articles that I or pieces of information that I		18	from J&J that were provided to me from the	
19	considered when drafting my report.		19	plaintiffs' attorneys.  Q. And did you request internal	
20	Q. Did you consider every piece of		20	documents be provided to you from the	
21	information that's listed on the 28-page		21	plaintiffs' lawyers?	
22	Exhibit B?		22	A. Some of them I might have	
23	A. Yes.		23	requested and some of them were provided to	
$\frac{23}{24}$	Q. Did you read every entry on the		24	me. But I can't tell you which is which by	
24	Q. Did you read every entry on the		24	inc. But I can't ten you winen is winen by	
	Pr	age 71			Page 73
1	28-page Exhibit B?		1	looking at that list.	
2	A. I did not read every word of		2	Q. In the normal course of your	
3	every entry. Some of them I looked at a		3	practice as a gynecologic oncologist, do you	
4	piece of it, if it was a reference from		4	review internal company documents in making	
5	something else that I wanted to confirm.		5	medical decisions?	
6	Some of it I looked at and set aside, didn't		6	A. I don't have access to them.	
7	feel like it was added additive or		7	MS. O'DELL: Object to the	
8	pertinent to what I was reviewing. And		8	form.	
9	but these are all of the things that I looked		9	BY MS. BROWN:	
10	at in some way.		10	Q. So as part of your work as a	
11	Q. How did you maintain all of the		11	treating physician, you don't rely on	
12	documents contained at Exhibit B? And by		12	internal company documents. Fair?	
13	that I mean, do you have all of these		13	MS. O'DELL: Object to the	
14	documents electronically or do you have a		14	form.	
15	hard copy at your house or office?		15	A. I don't have access to internal	
16	A. Both.		16	company documents.	
17	Q. Okay. You have a hard		17	BY MS. BROWN:	
18	copies of every document contained on Exhibit		18	Q. So you don't rely on them,	
19	B?		19	right?	
20	A. Yes.		20	MS. O'DELL: Object to the	
21	Q. Okay. So you have 12 binders		21	form.	
22	in hard copy?		22	A. Well, I don't have access to	
100					
23 24	<ul><li>A. Yes.</li><li>Q. Do they have notes on them?</li></ul>		23 24	them.	

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		Page 74		1	Page 76
1	DV MC DDOWN.	Tage 74	1		age 70
$\frac{1}{2}$	BY MS. BROWN:		1 2	Q. I want to know sitting here	
2 3	Q. Do you have any so that means you haven't used them in your practice		3	today, it's my opportunity to understand what forms the basis of your opinions and I want	
4	as a gynecologic oncologist, right?		4	know if there's information in an internal	
5	MS. O'DELL: Object to the		5	Johnson & Johnson document that forms the	
6	form.		6	basis of your opinion that tale causes	
7	A. Not that I recall.		7	ovarian cancer.	
8	BY MS. BROWN:		8	MS. O'DELL: Objection, asked	
9	Q. And the 20-some-odd J&J		9	and answered.	
10	documents you have listed here at Exhibit 13,		10	A. My opinion is not based on any	
11	do you have any idea what percentage of the		11	one single document or any one single source	
12	entire document production from J&J these 20		12	of documents. It's the whole of the	
13	documents comprise?		13	documents that I reviewed.	
14	A. Of all of J&J's internal		14	BY MS. BROWN:	
15	documents? I don't.		15	Q. So what information do you rely	
16	Q. Was it important to you, to		16	on from the whole of the 20 J&J documents you	
17	consider the context of all of the internal		17	looked at?	
18	documents you have cited at Exhibit 13?		18	MS. O'DELL: Objection,	
19	MS. O'DELL: Object to the		19	mischaracterizes the witness's	
20	form.		20	testimony.	
21	A. Say that again.		21	A. So I'm going to say that this	
22	BY MS. BROWN:		22	is my contributing materials list. It's not	
23	Q. Was it important to you		23	even none of the those internal	
24	first of all, did you request that the		24	documents are referenced in my in my	
2-7	inst of an, and you request that the		27	documents are referenced in my in my	
		Page 75		1	Page 77
1	lawyers give you some of these internal	Page 75	1	opinion. So I don't know how else to answer	Page 77
1 2	lawyers give you some of these internal documents?	Page 75	1 2		Page 77
		Page 75		opinion. So I don't know how else to answer	Page 77
2	documents?	Page 75	2	opinion. So I don't know how else to answer to you, other than to say I looked at all of	Page 77
2 3	documents?  A. I don't recall specifically if	Page 75	2 3	opinion. So I don't know how else to answer to you, other than to say I looked at all of the evidence. The things that I felt were	Page 77
2 3 4	documents?  A. I don't recall specifically if I requested these or they gave them to me. I	Page 75	2 3 4	opinion. So I don't know how else to answer to you, other than to say I looked at all of the evidence. The things that I felt were important, I referenced in my opinion. I	Page 77
2 3 4 5	documents?  A. I don't recall specifically if I requested these or they gave them to me. I just don't recall.	Page 75	2 3 4 5	opinion. So I don't know how else to answer to you, other than to say I looked at all of the evidence. The things that I felt were important, I referenced in my opinion. I don't recall what's in all of those.  BY MS. BROWN:  Q. So there are internal company	Page 77
2 3 4 5 6	documents?  A. I don't recall specifically if I requested these or they gave them to me. I just don't recall.  Q. Do internal J&J documents form	Page 75	2 3 4 5 6	opinion. So I don't know how else to answer to you, other than to say I looked at all of the evidence. The things that I felt were important, I referenced in my opinion. I don't recall what's in all of those.  BY MS. BROWN:  Q. So there are internal company documents listed on page 13 of Exhibit B, the	Page 77
2 3 4 5 6 7 8 9	documents?  A. I don't recall specifically if I requested these or they gave them to me. I just don't recall.  Q. Do internal J&J documents form the basis of your opinions in this litigation?  MS. O'DELL: Object to the	Page 75	2 3 4 5 6 7 8 9	opinion. So I don't know how else to answer to you, other than to say I looked at all of the evidence. The things that I felt were important, I referenced in my opinion. I don't recall what's in all of those.  BY MS. BROWN:  Q. So there are internal company documents listed on page 13 of Exhibit B, the contents of which, sitting here today, you're	Page 77
2 3 4 5 6 7 8 9	documents?  A. I don't recall specifically if I requested these or they gave them to me. I just don't recall.  Q. Do internal J&J documents form the basis of your opinions in this litigation?  MS. O'DELL: Object to the form.	Page 75	2 3 4 5 6 7 8 9 10	opinion. So I don't know how else to answer to you, other than to say I looked at all of the evidence. The things that I felt were important, I referenced in my opinion. I don't recall what's in all of those.  BY MS. BROWN:  Q. So there are internal company documents listed on page 13 of Exhibit B, the contents of which, sitting here today, you're unaware of; is that fair?	Page 77
2 3 4 5 6 7 8 9 10	documents?  A. I don't recall specifically if I requested these or they gave them to me. I just don't recall.  Q. Do internal J&J documents form the basis of your opinions in this litigation?  MS. O'DELL: Object to the form.  A. The basis of my opinion is the	Page 75	2 3 4 5 6 7 8 9 10 11	opinion. So I don't know how else to answer to you, other than to say I looked at all of the evidence. The things that I felt were important, I referenced in my opinion. I don't recall what's in all of those.  BY MS. BROWN:  Q. So there are internal company documents listed on page 13 of Exhibit B, the contents of which, sitting here today, you're unaware of; is that fair?  MS. O'DELL: Object. That	Page 77
2 3 4 5 6 7 8 9 10 11 12	documents?  A. I don't recall specifically if I requested these or they gave them to me. I just don't recall.  Q. Do internal J&J documents form the basis of your opinions in this litigation?  MS. O'DELL: Object to the form.  A. The basis of my opinion is the review of everything that I looked at in	Page 75	2 3 4 5 6 7 8 9 10 11 12	opinion. So I don't know how else to answer to you, other than to say I looked at all of the evidence. The things that I felt were important, I referenced in my opinion. I don't recall what's in all of those.  BY MS. BROWN:  Q. So there are internal company documents listed on page 13 of Exhibit B, the contents of which, sitting here today, you're unaware of; is that fair?  MS. O'DELL: Object. That misstates her testimony.	Page 77
2 3 4 5 6 7 8 9 10 11 12 13	documents?  A. I don't recall specifically if I requested these or they gave them to me. I just don't recall.  Q. Do internal J&J documents form the basis of your opinions in this litigation?  MS. O'DELL: Object to the form.  A. The basis of my opinion is the review of everything that I looked at in total, not there isn't any one thing that	Page 75	2 3 4 5 6 7 8 9 10 11 12 13	opinion. So I don't know how else to answer to you, other than to say I looked at all of the evidence. The things that I felt were important, I referenced in my opinion. I don't recall what's in all of those.  BY MS. BROWN:  Q. So there are internal company documents listed on page 13 of Exhibit B, the contents of which, sitting here today, you're unaware of; is that fair?  MS. O'DELL: Object. That misstates her testimony.  A. What I	Page 77
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	re the
10 A. The basis of my opinion is not 10 J&J documents on page 13 provi	
11 formed by any one document. 11 plaintiffs' lawyers?	ded to you by
12 BY MS. BROWN: 12 MS. O'DELL: Object to	the.
13 Q. Is the basis of your opinion 13 form.	tile
14 formed, in part, by internal Johnson 14 A. The documents were pro-	ovided to
15 & Johnson documents? 15 me by plaintiffs' lawyers.	0.1 <b>000</b> to
16 MS. O'DELL: Object to the 16 BY MS. BROWN:	
17 form. 17 Q. And are you can you	provide
18 A. I would have to look at all of 18 us with an understanding of the r	
19 those documents again to tell you if there 19 the plaintiffs' lawyers employed:	
20 was something specifically in there and what  20 which documents to select for you	
21 the I just they're numbers to me. 21 MS. O'DELL: Object to	
22 Looking at them here, I don't recall that 22 form, asked and answered.	tile
23 what's in each one of those to tell you if 23 A. I'm not sure what you're	<u>,</u>
24 there's something specifically that formed my 24 asking.	•
21 diete's something specifically that formed my	
Page 79	Page 81
1 opinion. 1 BY MS. BROWN:	
2 MS. O'DELL: And you're 2 Q. Do you have an underst	anding of
3 referring to page 13. 3 how the plaintiffs' lawyers went a	about
4 THE WITNESS: Of Exhibit B. 4 picking the 20 J&J documents are	
5 MS. O'DELL: Of Exhibit B. 5 Imerys documents that appear on	Exhibit B to
6 We've been going about an hour and ten 6 your report?	
7 minutes. 7 MS. O'DELL: Object to	the
8 BY MS. BROWN: 8 form.	
9 Q. Sure. I'll just finish real 9 A. I didn't specifically ask	
10 quick on the company documents. If you just 10 how they came about finding the	
11 look at page 12 of your report, you list a 11 them, if that's what you're asking	me.
12 number sorry, Exhibit B to your report, 12 BY MS. BROWN:	
13 you list a number of Imerys entries. Do you 13 Q. Do you have any unders	
14 see that there? 14 sitting here today, of how the interest today.	
15 A. I do. 15 documents listed on page B of your	our report,
16 Q. Who is Imerys? 16 were compiled for your review?	
17 A. Imerys is a mining company. 17 MS. O'DELL: Object to	the
18 Q. Did you select these internal 18 form, asked and answered.	
19 Imerys documents to review? 19 A. I'm not aware of how th	
20 A. These were provided to me. 20 plaintiffs' attorneys compiled the	
Q. And same with the J&J document, 21 didn't ask them their methodolog	y.
22 did you select those to review or were they 22 BY MS. BROWN:	
23 provided to you? 23 Q. Having reviewed the int	
MS. O'DELL: Objection to the 24 documents that the plaintiffs' law	yers gave

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		D 92			D 04
1	von did von celethous for edditional internal	Page 82	1	MC O'DELL. Ecin an auch	Page 84
1 2	you, did you ask them for additional internal documents?		1 2	MS. O'DELL: Fair enough. MS. BROWN: If she asked you,	
3	A. I don't recall.		3	as lawyers for the plaintiffs, for any	
4	Q. Did you ask the plaintiffs'		4	information on which she is relying	
5	lawyers any questions about any of the		5	for her opinion, then that's	
6	internal documents they provided you?		6	discoverable. And so my question I	
7	MS. O'DELL: Excuse me, I'm		7	appreciate your work-product concern.	
8	going to object to that question.		8	My question is meant to stay within	
9	MS. BROWN: I'll rephrase.		9	the bounds of the Federal Rules, which	
10	MS. O'DELL: You're not		10	is that was there any information	
11	entitled to understand		11	that you provided her about these	
12	MS. BROWN: I'll rephrase		12	documents on which she is relying to	
13	(Simultaneous discussion		13	form her opinion. That's	
14	interrupted by reporter.)		14	discoverable.	
15	MS. O'DELL: Let me finish my		15	MS. O'DELL: That's not the	
16	objection before you interrupt me.		16	question you asked her.	
17	MS. BROWN: Sure.		17	MS. BROWN: Yes, absolutely.	
18	MS. O'DELL: So she's not		18	MS. O'DELL: You asked if she	
19	entitled to ask you questions about		19	asked any questions, which goes to	
20	your conversations with counsel.		20	communication. And what the rule	
21	MS. BROWN: That's not entirely		21	allows discovery on are the materials	
22	true.		22	provided to Dr. Wolf, which are	
23	BY MS. BROWN:		23	available here for your review.	
24	Q. I'm certainly entitled to know		24	They're available from the list that	
		Page 83			Page 85
1	about information that counsel provided to		1	you've been provided. You're not	
	vious that viously malving on to farm vious				
2	you that you're relying on to form your		2	entitled to any discussions, and that	
3	opinions. So I will rephrase the question to		2 3	entitled to any discussions, and that was what the question focused on. So	
	opinions. So I will rephrase the question to ask just for whether you asked for any you				
3	opinions. So I will rephrase the question to		3	was what the question focused on. So	
3 4 5 6	opinions. So I will rephrase the question to ask just for whether you asked for any you have any questions about these internal documents that you asked of plaintiffs that		3 4 5 6	was what the question focused on. So why don't we MS. BROWN: We are entitled I just want to finish this question	
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		Page 86			Page 88
1	you're welcome to ask all of the		1	missing each other, so let me ask my	
2	questions you'd like. But in terms of		2	question and you instruct.	
3	communications between counsel and		3	MS. O'DELL: I don't think we	
4	Dr. Wolf, you're not entitled to		4	are.	
5	discover that and I'm going to		5	MS. BROWN: We'll have it on	
6	instruct the witness not to answer.		6	the record and be able to take it up.	
7	MS. BROWN: Here's what we need		7	For the record, my position is, any	
8	to do so we can take it to the judge.		8	information from counsel or otherwise,	
9	I need an answer to the question, is		9	on which the witness relies for her	
10	she relying on information from the		10	opinion is plainly discoverable under	
11	lawyers regarding the documents. I		11	the Federal Rules.	
12	need that's a yes or no. That's		12	MS. O'DELL: Disagree with that	
13	not even questionable. If she says		13	position.	
14	yes and you instruct her not to		14	BY MS. BROWN:	
15	answer, we'll take it to the judge.		15	Q. Dr. Wolf, one quick question	
16	We need an answer to that straight up.		16	here, and then we'll certainly take a break.	
17	MS. O'DELL: So I want to make		17	I know we've been going a while.	
18	sure I understand. Are you asking her		18	Did counsel for the plaintiffs	
19	if she relies on these materials?		19	provide you with any information regarding	
20	MS. BROWN: No. Here's where		20	internal company documents on which you are	
21	we are. I want to know if she asked		21	relying to form the basis of your opinions in	
22	the lawyers a question about the		22	this lawsuit?	
23	documents, she got an answer and she's		23	MS. O'DELL: Object to the	
24	relying on that answer to form the		24	question. And answer the question to	
		Page 87			Page 89
1	basis of her opinion, and that is	Page 87	1	the degree you understand it. If you	Page 89
1 2	basis of her opinion, and that is discoverable under the Federal Rules.	Page 87	1 2	the degree you understand it. If you don't understand the question, you	Page 89
2	discoverable under the Federal Rules.	Page 87	2	don't understand the question, you	Page 89
2 3	discoverable under the Federal Rules. So we're going to start with that	Page 87	2 3	don't understand the question, you don't have to answer it, Dr. Wolf.	Page 89
2 3 4	discoverable under the Federal Rules. So we're going to start with that question, did you rely on something	Page 87	2	don't understand the question, you don't have to answer it, Dr. Wolf.  A. My understanding of the	Page 89
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2 3 4 5 6 7	discoverable under the Federal Rules. So we're going to start with that question, did you rely on something the lawyers told you about the documents, and then if you want to instruct from there, we'll tee it up	Page 87	2 3 4 5 6 7	don't understand the question, you don't have to answer it, Dr. Wolf.  A. My understanding of the question, what I hear you asking me, is did I ask counsel questions about this, information I got from them, not from the documents but	Page 89
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		age 90			Page 92
1	A. Thank you.		1	A. I don't have the supplemental	
2	Q. Dr. Wolf, counsel for the		2	materials. I just have the Taher somewhere.	
3	plaintiffs indicated to me earlier this		3	MS. BROWN: Counsel, has that	
4	morning, that there are some additional		4	material been provided to the doctor?	
5	documents that you have reviewed since the		5	MS. O'DELL: Yes.	
6	time of your report. That would include the		6	MS. BROWN: Okay. We'll	
7	pending health Canada risk assessment; is		7	request production of the supplemental	
8	that correct?		8	materials as referenced in the Taher	
9	A. Yes.		9	report.	
10	Q. Okay. When did you review		10	MS. O'DELL: Let me make sure.	
11	that?		11	What do you mean "supplemental"? Let	
12	A. Sometime within the last few		12	me make sure I understand what you're	
13	weeks. I don't remember the exact date.		13	saying. She's provided the Taher and	
14	Q. Counsel indicated that you've		14	the she's provided the Taher paper and the causal assessment.	
15	reviewed an article with the lead author		15		
16	Taher, T-a-h-e-r; is that correct?		16	MS. BROWN: Okay. The Taher	
17	A. That's correct.		17	paper makes references in numerous	
18	Q. When did you review that?		18	places to supplemental materials, and	
19	A. Around the same time as the Canadian health assessment.		19	my question was whether you've	
20			20	provided those supplemental materials	
21	Q. Were both the health Canada		21	to the witness and if so, I'll request	
22 23	proposed report and the Taher article		22 23	production of it.	
23	provided to you by counsel for the		23 24	MS. O'DELL: Okay. Let me check that.	
24	plaintiffs?		24	cneck that.	
	P	age 91			Page 93
1		age 91	1	MS. BROWN: Okay. Thank you.	Page 93
1 2	A. Yes.	age 91	1 2	MS. BROWN: Okay. Thank you. BY MS. BROWN:	Page 93
2	<ul><li>A. Yes.</li><li>Q. Do you know if the Taher</li></ul>	age 91	2	BY MS. BROWN:	Page 93
2 3	<ul><li>A. Yes.</li><li>Q. Do you know if the Taher</li><li>article is publicly available yet?</li></ul>	age 91	2 3	BY MS. BROWN: Q. For your purposes, though,	Page 93
2 3 4	<ul><li>A. Yes.</li><li>Q. Do you know if the Taher article is publicly available yet?</li><li>A. I don't know. The copy that I</li></ul>	age 91	2 3 4	BY MS. BROWN: Q. For your purposes, though, Dr. Wolf, it's not something you have on hand	Page 93
2 3 4 5	<ul> <li>A. Yes.</li> <li>Q. Do you know if the Taher</li> <li>article is publicly available yet?</li> <li>A. I don't know. The copy that I</li> <li>have says that it's submitted for publication</li> </ul>	age 91	2 3 4 5	BY MS. BROWN: Q. For your purposes, though, Dr. Wolf, it's not something you have on hand sitting here today?	Page 93
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		Page 94			Page 96
1	epidemiology ones, but I don't remember the	- 250 / 1	1	for the plaintiffs submitted reports like	- 250 70
2	names. I reviewed part of one of the other		2	yours from a number of different people,	
3	GYN oncology ones. It seemed to be similar		3	right?	
4	to mine. I don't read it all. I didn't read		4	A. Yes.	
5	the third. I can't remember.		5	Q. And there came a point in time	
6	BY MS. BROWN:		6	when the plaintiffs' lawyers sent you some of	
7	Q. Okay. So let's back up. How		7	those reports, correct?	
8	many I assume the reports of these other		8	A. Yes.	
9	experts were provided to you from the		9	Q. Did they send you completed	
10	plaintiffs' lawyers; is that right?		10	reports or did they sent you draft reports?	
11	A. That's correct.		11	A. They sent me the completed	
12	Q. Okay. When did you did you		12	reports that had already been submitted and	
13	receive them all at once?		13	turned in. I didn't see any drafts of	
14	A. I did.		14	anybody else's reports.	
15	Q. And do you recall approximately		15	Q. Got it. So in writing your	
16	when you received them?		16	report in this case, which we have marked as	
17	A. I don't know. Sometime after		17	Exhibit 7 and which is dated November 16th,	
18	the reports were all submitted. I don't		18	2018, you did not rely on the opinions of	
19	remember the date.		19	another expert. Fair?	
20	Q. Okay. Prior to issuing your		20	MS. O'DELL: Object to the	
21	report, dated November 16th, 2018, did you		21	form.	
22	see any other expert reports?		22	A. My understanding what you're	
23	MS. O'DELL: Object to the		23	asking me is, did I rely on the opinions of	
24	form.		24	the expert reports in this case? No, I had	
		D 05			D 07
	A 7 11 1 1 C 1	Page 95			Page 97
1	A. I didn't see any of the expert	Page 95	1	not seen them.	Page 97
2	reports for this case.	Page 95	2	BY MS. BROWN:	Page 97
2 3	reports for this case. BY MS. BROWN:	Page 95	2 3	BY MS. BROWN: Q. That was exactly what I was	Page 97
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2 3 4 5	reports for this case.  BY MS. BROWN:  Q. Okay. In fair to say, then, the opinions that you have contained in your	Page 95	2 3 4 5	BY MS. BROWN: Q. That was exactly what I was asking. Did you type the report that we've marked as Exhibit 7 yourself, Doctor?	Page 97
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		Page 98		D	age 100
	4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	rage 96	1		age 100
$\frac{1}{2}$	see some typos and errors that if I had it		1	A. Yes.	
2	back, I would fix and change.		2 3	Q. You wrote that sentence?	
3	BY MS. BROWN:			A. Yes.	
4	Q. Did someone other than you write some of the information contained in		4	Q. Okay. Skipping down to the	
5	Exhibit 7?		5	paragraph below "Summary of Epidemiological	
6 7			6 7	Evidence," the paragraph that begins, "When	
	<ul><li>A. Exhibit 7 is my report?</li><li>O. Correct.</li></ul>		8	looking at epidemiological studies in their	
8 9	<ul><li>Q. Correct.</li><li>A. Other than things that I have</li></ul>		9	totality" are you with me? A. Yes.	
10			10	Q. Did you write this entire	
11	in quotes that I've pulled from articles, no one else wrote it.		11	paragraph here?	
12	Q. Other than information that you		12	A. Yes.	
13	have in quotes, it's your testimony that all		13	Q. Did you give Dr. Ellen Blair	
14	of the language that we see in Exhibit 7 is		14	Smith the authority to copy that into her	
15	your own; is that right?		15	report?	
16	MS. O'DELL: Object to the		16	A. I didn't speak with Dr. Ellen	
17	form.		17	Blair Smith.	
18	A. I wrote the report, the entire		18	Q. Are you surprised to learn that	
19	report.		19	the information that you wrote on page 8 also	
20	BY MS. BROWN:		20	appears in Dr. Blair Smith's report, which	
21			21	I'm handing you as Exhibit 8.	
22	Q. Do you know who Dr. Blair Smith is?		22	(Deposition Exhibit 8 marked	
23	A. Dr. Blair Smith?		23	for identification.)	
24	Q. Correct.		24	MS. O'DELL: Object to the	
24	Q. Contect.		24	Wis. O'BLEE. Object to the	
		Page 99		P	age 101
1	A. Is that is that Ellen Blair	Page 99	1	form.	age 101
	A. Is that is that Ellen Blair Smith?	Page 99	1 2		age 101
1 2 3	Smith?	Page 99		form.	age 101
2	Smith? Q. Correct.	Page 99	2	form. A. Is it marked somewhere here	age 101
2 3	Smith? Q. Correct.	Page 99	2 3	form. A. Is it marked somewhere here what it is?	age 101
2 3 4	Smith? Q. Correct. A. I do know her, yes. Q. Okay. Did you work with	Page 99	2 3 4	form. A. Is it marked somewhere here what it is? BY MS. BROWN:	age 101
2 3 4 5	Smith? Q. Correct. A. I do know her, yes.	Page 99	2 3 4 5	form. A. Is it marked somewhere here what it is? BY MS. BROWN: Q. It is. If you look at page 16,	age 101
2 3 4 5 6	Smith? Q. Correct. A. I do know her, yes. Q. Okay. Did you work with Dr. Blair Smith on your report?	Page 99	2 3 4 5 6	form. A. Is it marked somewhere here what it is? BY MS. BROWN: Q. It is. If you look at page 16, Doctor. And I'll direct you to the one,	age 101
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	•	Page 102			Page 104
1	Doctor?	1 450 102	1	BY MS. BROWN:	1 450 104
2	MS. O'DELL: Object to the		2	Q. In writing your report, Doctor,	
3	form. Are you referring to when		3	did you take any language from other	
4	the fourth the last paragraph above		4	articles?	
5	"Mechanism"?		5	MS. O'DELL: Sorry, do you mean	
6	MS. BROWN: "When looking at		6	quote language?	
7	epidemiological studies."		7	BY MS. BROWN:	
8	BY MS. BROWN:		8		
				Q. Did you is any of the language contained in your report not your	
9 10	•		9 10		
	•		11	own; meaning did it come from publicly available sources or articles?	
11 12	talking about the last paragraph?		12		
	Q. Sorry, of your report. Page 8.			MS. O'DELL: Object to the	
13	Is that your language, Doctor?		13	form.	
14	A. This is my language; this is		14	A. Quotes in my report came from	
15	her language. I see some words that are the		15	articles.	
16	same. The conclusions are similar, but		16	BY MS. BROWN:	
17	BY MS. BROWN:		17	Q. In writing your report, did you	
18	Q. And you see some sentences		18	consult Wikipedia?	
19	MS. O'DELL: Excuse me. She's		19	A. Did I do what?	
20	not finished.		20	Q. Did you consult Wikipedia?	
21	Would you like to finish,		21	A. No.	
22	Dr. Wolf?		22	Q. Do you know what that is?	
23	A. But I mean, I'm just mostly		23	A. I do, but I don't consult for	
24	looking at the length of it and it's not even		24	any medical literature or scientific	
		Page 103			Page 105
1	the same length, so I don't see how it's the	Page 103	1	literature.	Page 105
1 2	the same length, so I don't see how it's the exact same thing.	Page 103	1 2	literature.  Q. You don't consider Wikipedia to	Page 105
		Page 103			Page 105
2	exact same thing.	Page 103	2	Q. You don't consider Wikipedia to	Page 105
2 3	exact same thing. BY MS. BROWN:	Page 103	2 3	Q. You don't consider Wikipedia to be a scientifically reliable source; is that	Page 105
2 3 4 5 6	exact same thing. BY MS. BROWN: Q. You see some sentences that are	Page 103	2 3 4	Q. You don't consider Wikipedia to be a scientifically reliable source; is that right?  A. I don't. Q. Okay. And in coming up with	Page 105
2 3 4 5	exact same thing. BY MS. BROWN: Q. You see some sentences that are identical, right, Doctor?	Page 103	2 3 4 5	Q. You don't consider Wikipedia to be a scientifically reliable source; is that right?  A. I don't.	Page 105
2 3 4 5 6 7 8	exact same thing. BY MS. BROWN: Q. You see some sentences that are identical, right, Doctor? MS. O'DELL: Object to the form. A. I don't see give me a chance	Page 103	2 3 4 5 6	Q. You don't consider Wikipedia to be a scientifically reliable source; is that right?  A. I don't. Q. Okay. And in coming up with your report, that's not something that you cut and pasted from; is that right?	Page 105
2 3 4 5 6 7 8 9	exact same thing. BY MS. BROWN: Q. You see some sentences that are identical, right, Doctor? MS. O'DELL: Object to the form. A. I don't see give me a chance to look at the entire thing.	Page 103	2 3 4 5 6 7	Q. You don't consider Wikipedia to be a scientifically reliable source; is that right?  A. I don't. Q. Okay. And in coming up with your report, that's not something that you cut and pasted from; is that right? A. I didn't look at Wikipedia to	Page 105
2 3 4 5 6 7 8 9	exact same thing. BY MS. BROWN: Q. You see some sentences that are identical, right, Doctor? MS. O'DELL: Object to the form. A. I don't see give me a chance to look at the entire thing. BY MS. BROWN:	Page 103	2 3 4 5 6 7 8 9 10	Q. You don't consider Wikipedia to be a scientifically reliable source; is that right?  A. I don't. Q. Okay. And in coming up with your report, that's not something that you cut and pasted from; is that right? A. I didn't look at Wikipedia to prepare my report.	Page 105
2 3 4 5 6 7 8 9 10	exact same thing. BY MS. BROWN: Q. You see some sentences that are identical, right, Doctor? MS. O'DELL: Object to the form. A. I don't see give me a chance to look at the entire thing. BY MS. BROWN: Q. Sure.	Page 103	2 3 4 5 6 7 8 9 10 11	Q. You don't consider Wikipedia to be a scientifically reliable source; is that right?  A. I don't. Q. Okay. And in coming up with your report, that's not something that you cut and pasted from; is that right?  A. I didn't look at Wikipedia to prepare my report. Q. And there aren't parts of your	Page 105
2 3 4 5 6 7 8 9 10 11 12	exact same thing. BY MS. BROWN: Q. You see some sentences that are identical, right, Doctor? MS. O'DELL: Object to the form. A. I don't see give me a chance to look at the entire thing. BY MS. BROWN: Q. Sure. A. Because I don't see I see	Page 103	2 3 4 5 6 7 8 9 10 11 12	Q. You don't consider Wikipedia to be a scientifically reliable source; is that right?  A. I don't. Q. Okay. And in coming up with your report, that's not something that you cut and pasted from; is that right?  A. I didn't look at Wikipedia to prepare my report. Q. And there aren't parts of your report that someone else did for you; is that	Page 105
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	exact same thing. BY MS. BROWN: Q. You see some sentences that are identical, right, Doctor? MS. O'DELL: Object to the form. A. I don't see give me a chance to look at the entire thing. BY MS. BROWN: Q. Sure. A. Because I don't see I see one sentence is the same. "There appears to be no significant publication bias." Q. And also, Doctor, the sentence that we just talked about, "All of the cohort studies are limited by failure," that's the same, right? MS. O'DELL: Object to the form. A. No, it's not the same. It raises the same points, but it's not the	Page 103	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. You don't consider Wikipedia to be a scientifically reliable source; is that right?  A. I don't. Q. Okay. And in coming up with your report, that's not something that you cut and pasted from; is that right? A. I didn't look at Wikipedia to prepare my report. Q. And there aren't parts of your report that someone else did for you; is that right?  MS. O'DELL: Object to form. A. That's right. BY MS. BROWN: Q. On page 2 of your report, Doctor, you indicate the method you talk about the methodology you employed here. If you see that? A. Yes. Q. Describe for us I understand	<b>D</b> o

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1	Page 106			Page 108
	to answer the question in this case.	1	a woman is exposed to when she uses it	
2	A. So that's this is why I	2	perineally?	
3	provided the UpToDate evidence-based	3	MS. O'DELL: Object to the	
4	medicine. So I started with the question.	4	form.	
5	The question is, does general use of talcum	5	A. Are you asking me if I've done	
6	powder cause ovarian cancer. And then	6	a study? I'm not sure what you're asking.	
7	researched the literature, looking for human	7	BY MS. BROWN:	ı
8	studies, animal studies, in vitro studies.	8	Q. In forming your opinion in this	
9	And then evaluated the validity of the	9	case, that talcum powder causes ovarian	
10	studies as a whole, by looking at their	10	cancer, have you attempted to quantify how	
11	materials and methods, the results and	11	much talcum powder causes ovarian cancer?	
12	conclusions that they drew, what journal	12	MS. O'DELL: Object to the	
13	the if it was published in a peer-reviewed	13	form.	
14	journal, what journal it was in, what year it	14	A. In reviewing the articles, some	
15	was published, were there multiple studies	15	of the studies have tried to look at length	ı
16	showing similar findings, were there	16	of time, frequency of use, years of use,	ı
17	outliers, and then from that formed my	17	total applications. It's hard for me to know	ı
18	opinion.	18	what that amount is, because I don't know in	
19	Q. And your conclusion is that	19	each individual woman, like, how much she put	
20	genital talc use causes ovarian cancer,	20	in. And I also don't know in each individual	ı
21	correct?	21	woman, what her risk might be from the talc,	
22	A. That is genital talcum	22	based on her own genetic makeup and other	ı
23	powder use, yes.	23	things in her immune system and how she	
24	Q. And is your opinion limited to	24	responds to it.	
	Page 107			Page 109
1	a certain quantity of genital powder use?	1	BY MS. BROWN:	
2	MS. O'DELL: Object to the	2	Q. Have you calculated how much	
3	form.	3	genital talc powder is needed to cause	
4	A. It's not. And I had a hard	4	ovarian cancer?	
5	time with that issue just because I don't	5	MS. O'DELL: Object to the	
	know what a dose is, because how much do you		MB. O BEEE. Object to the	ı
6	know what a dose is, because now inden do you	6	form.	
6 7	shake, how much do you apply, it's hard to	6 7		
			form.	
7 8 9	shake, how much do you apply, it's hard to	7	form. A. Again, I think that my it's	
7 8	shake, how much do you apply, it's hard to know a certain amount.  BY MS. BROWN:  Q. In forming your opinions in	7 8	form. A. Again, I think that my it's difficult, even from reviewing the literature and from all the questions that were asked, queried, to know how much any woman is	
7 8 9 10 11	shake, how much do you apply, it's hard to know a certain amount.  BY MS. BROWN:  Q. In forming your opinions in this case, have you attempted to quantify how	7 8 9 10 11	form. A. Again, I think that my it's difficult, even from reviewing the literature and from all the questions that were asked, queried, to know how much any woman is exposed to when she uses it.	
7 8 9 10 11 12	shake, how much do you apply, it's hard to know a certain amount. BY MS. BROWN: Q. In forming your opinions in this case, have you attempted to quantify how much talcum powder an individual woman would	7 8 9 10 11 12	form. A. Again, I think that my it's difficult, even from reviewing the literature and from all the questions that were asked, queried, to know how much any woman is exposed to when she uses it. BY MS. BROWN:	
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7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	shake, how much do you apply, it's hard to know a certain amount.  BY MS. BROWN:  Q. In forming your opinions in this case, have you attempted to quantify how much talcum powder an individual woman would be exposed to when using it in the genital area?  MS. O'DELL: Objection to the form. Dr. Wolf's being offered for general causation, not for a specific plaintiff.  A. Repeat the question again.  BY MS. BROWN:  Q. Sure. We were talking about	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	form. A. Again, I think that my it's difficult, even from reviewing the literature and from all the questions that were asked, queried, to know how much any woman is exposed to when she uses it.  BY MS. BROWN: Q. So what you're identifying is one of the limitations of the talc epidemiology, correct? MS. O'DELL: Object to the form. A. What I'm identifying is one of the limitations of knowing what dose is safe.  BY MS. BROWN: Q. In your mind, is there a dose	
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	shake, how much do you apply, it's hard to know a certain amount.  BY MS. BROWN:  Q. In forming your opinions in this case, have you attempted to quantify how much talcum powder an individual woman would be exposed to when using it in the genital area?  MS. O'DELL: Objection to the form. Dr. Wolf's being offered for general causation, not for a specific plaintiff.  A. Repeat the question again.  BY MS. BROWN:  Q. Sure. We were talking about how much powder use, in your opinion, causes	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	form. A. Again, I think that my it's difficult, even from reviewing the literature and from all the questions that were asked, queried, to know how much any woman is exposed to when she uses it.  BY MS. BROWN: Q. So what you're identifying is one of the limitations of the talc epidemiology, correct?  MS. O'DELL: Object to the form. A. What I'm identifying is one of the limitations of knowing what dose is safe.  BY MS. BROWN: Q. In your mind, is there a dose of genital talcum powder that does not cause	
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	shake, how much do you apply, it's hard to know a certain amount.  BY MS. BROWN:  Q. In forming your opinions in this case, have you attempted to quantify how much talcum powder an individual woman would be exposed to when using it in the genital area?  MS. O'DELL: Objection to the form. Dr. Wolf's being offered for general causation, not for a specific plaintiff.  A. Repeat the question again.  BY MS. BROWN:  Q. Sure. We were talking about	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	form. A. Again, I think that my it's difficult, even from reviewing the literature and from all the questions that were asked, queried, to know how much any woman is exposed to when she uses it.  BY MS. BROWN: Q. So what you're identifying is one of the limitations of the talc epidemiology, correct? MS. O'DELL: Object to the form. A. What I'm identifying is one of the limitations of knowing what dose is safe.  BY MS. BROWN: Q. In your mind, is there a dose	

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	Page 110			Page 112
1	Q. Have you investigated whether	1	BY MS. BROWN:	
2	or not there is an amount of talcum powder	2	Q. Are you referring to	
3	that can be used perineally without	3	plaintiffs' expert witness reports?	
4	increasing the risk for ovarian cancer?	4	A. Let me look in my report here	
5	MS. O'DELL: Objection, asked	5	for just one second. I'm sorry, I just need	
6	and answered.	6	to look in here to find it. Because there is	
7	A. I don't know if there is an	7	plaintiffs' expert witness, but	
8	amount that's safe. I don't know how I could	8	MS. O'DELL: Take your time,	
9	ethically test that. I'm not aware of	9	Doctor.	
10	anything in the literature that says, "This	10	THE WITNESS: All right.	
11	dose is safe, this dose is not." Because	11	BY MS. BROWN:	
12	even in all of the studies, what is a dose?	12	Q. And, Doctor, maybe I can help.	
13	One shake? Two shakes? A hard shake? A	13	On page 9 of your report, you reference in	
14	light shake?	14	the third paragraph	
15	BY MS. BROWN:	15	A. Yes.	
16	Q. Is your opinion, Dr. Wolf, that	16	Q that you believe Dr. Longo	
17	some amount of perineal talcum powder use	17	and Rigler have demonstrated talc to be	
18	causes ovarian cancer, is that opinion	18	may be contaminated with asbestos. Do you	
19	dependent on an assumption that talcum powder	19	see that?	
20	is contaminated with asbestos?	20	A. That's correct. And then also	
21	A. No, because	21	there's the deposition of John Hopkins.	
22	MS. O'DELL: Object to the	22	Q. What information are you	
23	form.	23	relying on from the deposition of John	
24	A talcum powder is a mix of	24	Hopkins?	
	Page 111			Page 113
1	things, right? It's a mix of platy tale,	1	A. A report that I saw.	
2	fibrous talc, asbestos, heavy metals have	2	Q. Okay. What you just pulled	
3	been found in it, nickel and chromium and	3	out a document from your binder. What is	
4	cobalt, and then all of the fragrances. And	4	that, Doctor?	
5	I have seen the expert report of Michael	5	A. That is the this is part of	
6	Crowley, where he assessed the irritant	6	the deposition, right? Yeah. It's in my	
7	quality of some of the fragrances. And so	7	references.	
8	when I look at the talcum powder product, I	8	BY MS. BROWN:	
9	look at it as a whole.	9	Q. Okay. Can I see it?	
10	BY MS. BROWN:	10	A. Yeah. It was just printed	
11	Q. Do you believe there is	11	separately so it can be bigger.	
12	asbestos in talcum powder?	12	Q. And what you have just handed	
13	A. I've seen evidence that there	13	me, Dr. Wolf, is it bears an exhibit	
14	is asbestos found in at least 60 percent of	14	sticker Hopkins 28, and do you know it	
15	talcum powder that's been evaluated that I've	15	appears to be a large printout of some kind	
16	seen.	16	of Excel chart. Do you know what this is?	
17		17	A. This was from his deposition of	
18	case, that 60 percent of talcum powder is	18	testing of talcum powder products.	
19	contaminated with asbestos?	19	Q. Did you read the deposition of	
20	MS. O'DELL: Object to the	20	Dr. John Hopkins?	
21	form, asked and answered.	21	A. I did not see the entire	
22	A. In the reports that I've seen,	22	deposition.	
23	60 percent of the time there was evidence of	23	Q. Were you provided with the	
24	asbestos.	24	deposition?	
17 18 19 20 21 22 23	Q. Is it your opinion in this case, that 60 percent of talcum powder is contaminated with asbestos?  MS. O'DELL: Object to the form, asked and answered.  A. In the reports that I've seen, 60 percent of the time there was evidence of	17 18 19 20 21 22 23	<ul> <li>A. This was from his deposition of testing of talcum powder products.</li> <li>Q. Did you read the deposition of Dr. John Hopkins?</li> <li>A. I did not see the entire deposition.</li> <li>Q. Were you provided with the</li> </ul>	

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1 A. If I was, I don't recall. 2 Q. Did you ask to see Exhibit 28 3 to John Hopkins' deposition? 4 A. Specifically ask for that? I 5 did not. I was provided it. 6 Q. So the lawyers decided to give  Page 114  1 BY MS. BROWN: 2 Q. So in terms of interpreti 3 findings of the chart, which list a 4 different test methods, you'd agree to mot a microscopist. True? 6 MS. O'DELL: Object to	Page 116
2 Q. Did you ask to see Exhibit 28 3 to John Hopkins' deposition? 4 A. Specifically ask for that? I 5 did not. I was provided it. 2 Q. So in terms of interpreti 3 findings of the chart, which list a 4 different test methods, you'd agree 5 not a microscopist. True?	ing the
3 to John Hopkins' deposition? 4 A. Specifically ask for that? I 5 did not. I was provided it. 3 findings of the chart, which list a 4 different test methods, you'd agree 5 not a microscopist. True?	ing the
4 A. Specifically ask for that? I 5 did not. I was provided it. 4 different test methods, you'd agree 5 not a microscopist. True?	
5 did not. I was provided it. 5 not a microscopist. True?	
	ce you're
	the
7 you John Hopkins' Exhibit 28; is that right? 7 form.	tile
8 A. I received it from the lawyers. 8 A. Can you define what a	
9 Q. Okay. And do you know what's 9 "microscopist" is in your from	what you're
10 contained within Exhibit 28? 10 asking me?	Wildle y ou io
11 A. Do I know what's contained 11 BY MS. BROWN:	
12 within it? It's a chart of testing of talcum  12 Q. Sure. Are you do you	ı hold
powder from various sources and various time  13 yourself out to the medical comm	
periods, how the test was done and what the 14 expert in light microscopy in look	
15 results showed, as well as a few other things  15 using various different types of n	
16 on there. 16 to study minerals?	in or oscopy
17 Q. Did you do you know who 17 A. No, I'm not.	
18 created this chart, Dr. Wolf? 18 Q. And you understand tha	nt the
19 A. I don't. 19 chart you just handed me include	
20 Q. Do you have any idea if the 20 different test methods, correct?	
21 four pages of testing contained in Exhibit 28 21 A. Yes.	
22 to John Hopkins' deposition is representative 22 Q. And you're not aware w	hether
23 of all the testing that was done on Johnson 23 those test methods are even capal	
24 & Johnson's product? 24 distinguishing or finding asbestor	
	,
Page 115	Page 117
1 MS. O'DELL: Object to the 1 MS. O'DELL: Object to	the
2 form. 2 form.	
3 A. I don't know if it is or it 3 A. I'm assuming since they	
4 isn't, but what I know is what I see there, 4 asbestos, that they are. I'm assum	
5 is that the results show evidence of asbestos 5 since they were used to try to ide	entify
6 contamination over a period of time. 6 asbestos, that they are.	
7 BY MS. BROWN: 7 BY MS. BROWN:	
8 Q. Do you know are you familiar 8 Q. Show me on this chart v	
9 with the test method "XRD"? 9 asbestos finding you're referring	
10 A. I'm not a geologist and I don't 10 A. The second page, tremo	
11 understand the test methods. So I'm going to 11 here, tremolite, tremolite, actinol	ite
12 have to say I would defer to the geologist to 12 fibrous talc, tremolite,	
13 answer a question about that. 13 actinolite, tremolite, actinolite	
Q. So in terms of whether or not a 14 I'm sorry. I didn't mean to go so	fast. I'm
15 test method known as "XRD" is even capable of 15 looking at what tests revealed.	
16 distinguishing between asbestiform and 16 Q. And are you familiar, D	
17 nonasbestiform minerals, you would defer to 17 with the fact that tremolite exists	
18 somebody else on that question; is that 18 tremolite asbestos and as the non	
19 right? 19 version of that mineral? Are you	aware of
20 MS. O'DELL: Object to the 20 that?	
21 form. 21 A. Yes.	_
22 A. What I'm going to say is that 22 Q. Okay. And do you w	
23 the details of how that's performed, I am not 23 information are you relying on the	
24 aware of. 24 tremolite that's indicated in that of	chart is

		Page 118			Page 120
1	tremolite asbestos and not the nonasbestiform		1	BY MS. BROWN:	
2	version?		2	Q. And have you reviewed what	
3	MS. O'DELL: Object to the		3	you just pointed me to, Dr. Wolf, is a	
4	form.		4	testing from the 1970s by Dr. Langer,	
5	A. I wasn't given that		5	correct?	
6	information. All I can say is that there		6	A. Can I see the whole thing?	
7	is some of them say "tremolite," others		7	Q. Sure. You pointed me to	
8	say "fibrous crocidolite, fibrous tremolite,		8	Dr. Langer, Mount Sinai, 1975, right?	
9	actinolite."		9	A. Yes.	
10	BY MS. BROWN:		10	Q. Okay. Are you familiar with	
11	Q. And whether the information		11	Dr. Langer's testing of talcum powder	
12	that's contained on the exhibit from		12	products in the 1970s?	
13	Dr. Hopkins' deposition that was given to you		13	MS. O'DELL: Object to the	
14	by the plaintiffs' lawyers, whether that, in		14	form. And if you're going to ask	
15	fact, indicates a finding of asbestos, you're		15	questions about the exhibit, if you'll	
16	not the expert in that. Fair?		16	put it back in front of the witness.	
17	MS. O'DELL: Object to the		17	MS. BROWN: Absolutely.	
18	form.		18	MS. O'DELL: You've asked a	
19	A. I'm looking at the results, and		19	question, she's going to respond, so	
20	even if I take out ones that just say		20	hand her back Exhibit 28.	
21	"tremolite," and don't tell me if it's the		21	MS. BROWN: I'm not sure she	
22	asbestos form or not, I see I see others		22	needs it to answer it.	
23	that do say "asbestos, asbestos fibers,		23	MS. O'DELL: I'm sure counsel	
24	fibrous talc"		24	has a copy of Exhibit 28 if you if	
		Page 119			Page 121
1	BY MS. BROWN:		1	you need it. I'm sure you have it	
2	Q. Show me where it says		2	committed to memory.	
3	"asbestos."		3	A. Can you ask the question again?	
4	A. This one says "confirmed		4	BY MS. BROWN:	
5	asbestos."		5	Q. Sure. In supporting your view	
6	Q. And did you ask did you look		6	that 60 percent of talcum powder products are	
7	at the product that was being tested here,		7	contaminated with asbestos, you've handed me	
8	Doctor? Meaning, do you even know if this		8	a chart that the lawyers gave you from	
9	was cosmetic talcum powder?		9	Dr. Hopkins' deposition and pointed me to an	
10	MS. O'DELL: Object to the		10	entry of a test that Dr. Langer performed in	
11	form. If you want her to look at the		11	the 1970s, right?	
12				A CORPET A COLO	
	exhibit in full, you can ask a		12	MS. O'DELL: Object to the	
13	exhibit in full, you can ask a question.		12 13	form, misstates her testimony as to	
13 14	exhibit in full, you can ask a question. BY MS. BROWN:		12 13 14	form, misstates her testimony as to the percentage. It's not what she	
13 14 15	exhibit in full, you can ask a question. BY MS. BROWN: Q. Sure. You just pointed me to a		12 13 14 15	form, misstates her testimony as to the percentage. It's not what she referred to.	
13 14 15 16	exhibit in full, you can ask a question.  BY MS. BROWN:  Q. Sure. You just pointed me to a line on the chart that says they're testing		12 13 14 15 16	form, misstates her testimony as to the percentage. It's not what she referred to.  A. That's the line I pointed at.	
13 14 15 16 17	exhibit in full, you can ask a question.  BY MS. BROWN:  Q. Sure. You just pointed me to a line on the chart that says they're testing ore mud. Do you have any source of		12 13 14 15 16 17	form, misstates her testimony as to the percentage. It's not what she referred to. A. That's the line I pointed at. BY MS. BROWN:	
13 14 15 16 17 18	exhibit in full, you can ask a question. BY MS. BROWN: Q. Sure. You just pointed me to a line on the chart that says they're testing ore mud. Do you have any source of information that would lead you to believe		12 13 14 15 16 17 18	form, misstates her testimony as to the percentage. It's not what she referred to.  A. That's the line I pointed at. BY MS. BROWN: Q. Okay. But to be fair,	
13 14 15 16 17 18 19	exhibit in full, you can ask a question.  BY MS. BROWN:  Q. Sure. You just pointed me to a line on the chart that says they're testing ore mud. Do you have any source of information that would lead you to believe that that was ore that was used to make		12 13 14 15 16 17 18 19	form, misstates her testimony as to the percentage. It's not what she referred to.  A. That's the line I pointed at. BY MS. BROWN: Q. Okay. But to be fair, Dr. Wolf, you are not familiar with the	
13 14 15 16 17 18 19 20	exhibit in full, you can ask a question.  BY MS. BROWN:  Q. Sure. You just pointed me to a line on the chart that says they're testing ore mud. Do you have any source of information that would lead you to believe that that was ore that was used to make cosmetic talc?		12 13 14 15 16 17 18 19 20	form, misstates her testimony as to the percentage. It's not what she referred to. A. That's the line I pointed at. BY MS. BROWN: Q. Okay. But to be fair, Dr. Wolf, you are not familiar with the testing that Dr. Langer did on talcum powder	
13 14 15 16 17 18 19 20 21	exhibit in full, you can ask a question.  BY MS. BROWN:  Q. Sure. You just pointed me to a line on the chart that says they're testing ore mud. Do you have any source of information that would lead you to believe that that was ore that was used to make cosmetic talc?  MS. O'DELL: Object to the		12 13 14 15 16 17 18 19 20 21	form, misstates her testimony as to the percentage. It's not what she referred to.  A. That's the line I pointed at.  BY MS. BROWN:  Q. Okay. But to be fair,  Dr. Wolf, you are not familiar with the testing that Dr. Langer did on talcum powder products in the 1970s, right?	
13 14 15 16 17 18 19 20 21 22	exhibit in full, you can ask a question.  BY MS. BROWN:  Q. Sure. You just pointed me to a line on the chart that says they're testing ore mud. Do you have any source of information that would lead you to believe that that was ore that was used to make cosmetic talc?  MS. O'DELL: Object to the form.		12 13 14 15 16 17 18 19 20 21 22	form, misstates her testimony as to the percentage. It's not what she referred to.  A. That's the line I pointed at.  BY MS. BROWN:  Q. Okay. But to be fair,  Dr. Wolf, you are not familiar with the testing that Dr. Langer did on talcum powder products in the 1970s, right?  A. I am not.	
13 14 15 16 17 18 19 20 21	exhibit in full, you can ask a question.  BY MS. BROWN:  Q. Sure. You just pointed me to a line on the chart that says they're testing ore mud. Do you have any source of information that would lead you to believe that that was ore that was used to make cosmetic talc?  MS. O'DELL: Object to the		12 13 14 15 16 17 18 19 20 21	form, misstates her testimony as to the percentage. It's not what she referred to.  A. That's the line I pointed at.  BY MS. BROWN:  Q. Okay. But to be fair,  Dr. Wolf, you are not familiar with the testing that Dr. Langer did on talcum powder products in the 1970s, right?	

		Page 122			Page 124
1	Administration did to check all of the work	1 age 122	1	Q. Did you review the testing that	1 age 124
$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	that Dr. Langer did, correct?		2	Q. Did you review the testing that the FDA did of Johnson's Baby Powder in the	
3	MS. O'DELL: Object to the		3	1970s?	
4	form.		4	MS. O'DELL: Object to the	
5	A. I am not aware of all of the		5	form.	
6	testing or checking that the FDA did to test		6	A. I don't recall reviewing in	
7	Dr. Langer's work.		7	detail the testing that they did.	
8	BY MS. BROWN:		8	BY MS. BROWN:	
9	Q. And so in giving that		9	Q. Were you aware that the FDA	
10	testimony, you were not aware that the FDA		10	determined, based on its own testing of	
11	tested that Dr. Langer sample and determined		11	Johnson's baby powder product in the 1970s,	
12	there was no asbestos?		12	that it was asbestos free?	
13	A. That specific		13	MS. O'DELL: Object to the	
14	MS. O'DELL: Excuse me.		14	form.	
15	BY MS. BROWN:		15	A. I was aware that they reported	
16	Q. Let me just		16	that.	
17	MS. O'DELL: No. I get to		17	BY MS. BROWN:	
18	BY MS. BROWN:		18	Q. Did you consider the finding of	
19	Q. I need to ask my question.		19	the United States Food and Drug	
20 21	MS. O'DELL: I need to have the		20 21	Administration's own testing of baby powder's	
22	opportunity to object. If you'd give me just a moment. Object to the form		22	product, before coming to your opinion that 60 percent of baby powder is contaminated	
23	of the question. Misstates the		23	with asbestos?	
$\frac{23}{24}$	record.		24	MS. O'DELL: Object to the	
24	record.		24	Wis. O'BELE. Object to the	
		Page 123			Page 125
1	MS. BROWN: But here's what	Page 123	1	form.	Page 125
1 2	MS. BROWN: But here's what happened. I didn't get the question	Page 123	1 2	form. A. What I said, I believe, was	Page 125
		Page 123		A. What I said, I believe, was that what I saw of the samples that I saw	Page 125
2	happened. I didn't get the question out.  MS. O'DELL: Yes, you did.	Page 123	2 3 4	A. What I said, I believe, was that what I saw of the samples that I saw tested, 60 percent showed evidence. I'm not	Page 125
2 3 4 5	happened. I didn't get the question out.  MS. O'DELL: Yes, you did.  MS. BROWN: So let me get the	Page 123	2 3 4 5	A. What I said, I believe, was that what I saw of the samples that I saw tested, 60 percent showed evidence. I'm not saying that I didn't say that what I	Page 125
2 3 4 5 6	happened. I didn't get the question out.  MS. O'DELL: Yes, you did.  MS. BROWN: So let me get the question on the record	Page 123	2 3 4 5 6	A. What I said, I believe, was that what I saw of the samples that I saw tested, 60 percent showed evidence. I'm not saying that I didn't say that what I said was, of what I saw, 60 percent showed	Page 125
2 3 4 5 6 7	happened. I didn't get the question out.  MS. O'DELL: Yes, you did.  MS. BROWN: So let me get the question on the record  MS. O'DELL: Yes, you did.	Page 123	2 3 4 5 6 7	A. What I said, I believe, was that what I saw of the samples that I saw tested, 60 percent showed evidence. I'm not saying that I didn't say that what I said was, of what I saw, 60 percent showed evidence of asbestos.	Page 125
2 3 4 5 6 7 8	happened. I didn't get the question out.  MS. O'DELL: Yes, you did.  MS. BROWN: So let me get the question on the record  MS. O'DELL: Yes, you did.  MS. BROWN: and then we'll	Page 123	2 3 4 5 6 7 8	A. What I said, I believe, was that what I saw of the samples that I saw tested, 60 percent showed evidence. I'm not saying that I didn't say that what I said was, of what I saw, 60 percent showed evidence of asbestos.  BY MS. BROWN:	Page 125
2 3 4 5 6 7 8 9	happened. I didn't get the question out.  MS. O'DELL: Yes, you did.  MS. BROWN: So let me get the question on the record  MS. O'DELL: Yes, you did.  MS. BROWN: and then we'll leave time for Ms. O'Dell to object	Page 123	2 3 4 5 6 7 8 9	A. What I said, I believe, was that what I saw of the samples that I saw tested, 60 percent showed evidence. I'm not saying that I didn't say that what I said was, of what I saw, 60 percent showed evidence of asbestos.  BY MS. BROWN:  Q. And you're getting that 60	Page 125
2 3 4 5 6 7 8 9	happened. I didn't get the question out.  MS. O'DELL: Yes, you did.  MS. BROWN: So let me get the question on the record  MS. O'DELL: Yes, you did.  MS. BROWN: and then we'll leave time for Ms. O'Dell to object and then, Doctor, you can answer.	Page 123	2 3 4 5 6 7 8 9 10	A. What I said, I believe, was that what I saw of the samples that I saw tested, 60 percent showed evidence. I'm not saying that I didn't say that what I said was, of what I saw, 60 percent showed evidence of asbestos.  BY MS. BROWN:  Q. And you're getting that 60 percent figure from an expert report for a	Page 125
2 3 4 5 6 7 8 9 10 11	happened. I didn't get the question out.  MS. O'DELL: Yes, you did.  MS. BROWN: So let me get the question on the record  MS. O'DELL: Yes, you did.  MS. BROWN: and then we'll leave time for Ms. O'Dell to object and then, Doctor, you can answer.  So my question was, you're not	Page 123	2 3 4 5 6 7 8 9 10 11	A. What I said, I believe, was that what I saw of the samples that I saw tested, 60 percent showed evidence. I'm not saying that I didn't say that what I said was, of what I saw, 60 percent showed evidence of asbestos.  BY MS. BROWN:  Q. And you're getting that 60 percent figure from an expert report for a plaintiffs' lawyer in litigation, correct?	Page 125
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1	Page 1	6		Page 128
1	form.	1	tested baby powder in 2009 and 2010?	
2	A. My 60 percent of what I saw	2	A. I don't recall.	
3	tested had evidence.	3	Q. Is it important to you, to have	
4	BY MS. BROWN:	4	considered that information before offering	
5	Q. So the entire basis of your	5	an expert opinion that baby powder's	
6	opinion that 60 percent of what was tested	6	contaminated with asbestos?	
7	had asbestos comes from this Longo report,	7	MS. O'DELL: Object to the	
8	right?	8	form.	
9	MS. O'DELL: Object to the	9	A. Can you show me that	
10	form.	10	information?	
11	A. 60 percent of what I saw.	11	BY MS. BROWN:	
12	BY MS. BROWN:	12	Q. Sure.	
13	Q. What methodology did you employ	13	THE WITNESS: Can you pull up	
14	in terms of weighting the evidence from	14	the Longo report for me?	
15	Dr. Longo, a plaintiffs' expert witness, or	15	(Deposition Exhibit 9 marked	
16	the Food and Drug Administration?	16	for identification.)	
17	MS. O'DELL: Object to the	17	BY MS. BROWN:	
18	form.	18	Q. I'm marking, Dr. Wolf, as	
19	A. I will have to say I took them	19	Exhibit 9 to your deposition, a printout from	
20	both into consideration. Given that there's	20	the FDA's website regarding talc, and this,	
21	been a continued concern since the 1970s and	21	I'll represent to you, is a report from the	
22	beyond, that there is a relationship with	22	FDA's testing of baby powder products for	
23	general talcum powder use and ovarian cancer,	23	asbestos in 2009-2010. Certainly take as	
24	I had to look at all of the information. And	24	long as you need to review it, but I'd refer	
	Page 12	7		Page 129
1	if there is any asbestos in baby powder, it's	1	you to the very last page, which tests the	
2	one of the components that could be	2	Johnson's baby powder product and reports, by	
3	carcinogenic.	3	both PLM and TEM, no asbestos.	
4	BY MS. BROWN:	4	MS. O'DELL: Would you would	
5	Q. Okay. We're talking about the	_	· · · · · · · · · · · · · · · · · · ·	
6		)	you mind is it 9? Exmidit 9?	
	basis for your opinion to believe there is	5 6	you mind is it 9? Exhibit 9? MS. BROWN: Yes. Sorry,	
7	basis for your opinion to believe there is asbestos in baby powder. Are you with me?	6 7	MS. BROWN: Yes. Sorry,	
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		Page 130			Page 132
1	consider third-party testing of Johnson's		1	A. Yes. As well as the Hopkins	
2	baby powder, like Princeton, MIT, Colorado		2	data.	
3	School of Mines? Did you consider any of		3	BY MS. BROWN:	
4	those testings?		4	Q. But we talked about	
5	MS. O'DELL: Object to the		5	MS. O'DELL: Excuse me.	
6	form.		6	Dr. Wolf, when you say the "Hopkins	
7	A. Well, some of those were on		7	data," are you referring to the	
8	this report.		8	Exhibit 28?	
9	BY MS. BROWN:		9	THE WITNESS: Yes.	
10	Q. Did you consider the testing		10	BY MS. BROWN:	
11	that they did in connection with the 1970s		11	Q. We talked about Exhibit 28,	
12	Langer findings that determined there was no		12	Doctor, and admittedly you're not able to	
13	asbestos in Johnson's baby powder?		13	interpret the testing methods that were used	
14	MS. O'DELL: Object to the		14	there, correct?	
15	form, misstates the record.		15	MS. O'DELL: Object to the	
16	A. I'm getting a little confused		16	commentary. It's not what she said.	
17	about what you're asking, about "the		17	It misrepresents her testimony.	
18	consider." I mean, I considered everything		18	A. You asked me about	
19	that I saw.		19	MS. BROWN: Hold on.	
20	BY MS. BROWN:		20	BY MS. BROWN:	
21	Q. And that's what I'm trying to		21	Q. Your counsel thinks I'm	
22	find out. So I understand you are here today		22	misrepresenting your testimony and I	
23	giving us an opinion that baby powder		23	certainly don't mean to do that. We agreed,	
24	contains asbestos. True?		24	Doctor, did we not, that you're not a	
				•	
		Page 131			Page 133
1	A. Some baby powder, I believe,	Page 131	1	microscopist?	Page 133
2	A. Some baby powder, I believe, contains asbestos, yes.	Page 131	2	microscopist?  MS. O'DELL: Object to the	Page 133
	contains asbestos, yes.  Q. What percentage of baby powder	Page 131		*	Page 133
2	contains asbestos, yes.	Page 131	2	MS. O'DELL: Object to the	Page 133
2 3	contains asbestos, yes.  Q. What percentage of baby powder	Page 131	2 3	MS. O'DELL: Object to the form.	Page 133
2 3 4 5 6	contains asbestos, yes.  Q. What percentage of baby powder contains asbestos?  A. It doesn't matter what percentage to me, if any of it does. I'm	Page 131	2 3 4 5 6	MS. O'DELL: Object to the form.  A. See, when you say	Page 133
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	Pa	age 134			Page 136
1	A. It's not.	g	1	you're asking me? I don't know I don't	
2	Q. Okay. We're going to have to		2	have that information.	
3	change the tape in a few minutes, but you		3	BY MS. BROWN:	
4	hold the opinion, do you not, Doctor, that		4	Q. Have you reviewed Dr. Longo's	
5	baby powder is contaminated with asbestos?		5	report on the samples he acquired, in part,	
6	MS. O'DELL: Object to the		6	from eBay?	
7	form, asked and answered.		7	A. I'm laughing at eBay.	
8	A. I believe that some baby powder		8	Q. I know. It sounds funny,	
9	contains asbestos.		9	doesn't it?	
10	BY MS. BROWN:		10	MS. O'DELL: Object to the	
11	Q. Do you believe that to be true		11	form.	
12	in terms of current baby powder on the shelf?		12	A. I believe there was some	
13	A. The testing that I've seen goes		13	commercial commercial products. I didn't	
14	up through the 1990s. So that's all I can		14	know it was eBay. But commercial product	
15	speak to.		15	that was off the shelf.	
16	Q. Okay. You're not offering an		16	BY MS. BROWN:	
17	opinion that any baby powder after the 1990s		17	Q. Did you review and are you	
18	contains asbestos; is that right?		18	relying on Dr. Longo's report of vintage baby	
19	MS. O'DELL: Object to the		19	powder bottles that he purchased on eBay?	
20	form.		20	MS. O'DELL: Object to the	
21	A. I'm not offering any opinion		21	form.	
22	about what's in baby powder tests beyond		22	A. I'm just looking for his	
23	where I've seen testing of it.		23	sources.	
24			24	(Witness reviews document.)	
	Pε	age 135			Page 137
		_			
1	BY MS. BROWN:		1	A. When I looked in this report	
1 2			1 2	A. When I looked in this report for where the materials and methods, I	
2	Q. And the testing that you've		2	for where the materials and methods, I	
2 3	Q. And the testing that you've seen is in the form of Dr. Longo's report.		2 3	for where the materials and methods, I don't see anything about eBay on here.	
2 3 4	Q. And the testing that you've seen is in the form of Dr. Longo's report. True?		2 3 4	for where the materials and methods, I don't see anything about eBay on here. BY MS. BROWN:	
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		Page 138			Page 140
1	THE WITNESS: Am I to answer or		1	of the documents that are cited in Hopkins'	
2	not answer?		2	Exhibit 28?	ı
3	MS. O'DELL: If you understand		3	A. No.	ı
4	the question. If you don't understand		4	Q. Do you know who created	ı
5	the question, you may ask that it be		5	Hopkins' Exhibit 28?	ı
6	rephrased.		6	A. Specifically, no.	
7	A. Can you rephrase the question?		7	Q. Okay. Do you know whether	
8	BY MS. BROWN:		8	these represent final or preliminary test	ı
9	Q. How did you weight the evidence		9	results?	
10	contained in Hopkins Exhibit 28 in connection		10	MS. O'DELL: Object to the	ı
11	with the findings of the FDA?		11	form.	ı
12	MS. O'DELL: Object to the		12	A. I don't know.	
13	form.		13	BY MS. BROWN:	ı
14	A. I considered the weight of all		14	Q. Do you know whether the entries	ı
15	of the evidence in the whole of the risk of		15	that indicate testing of ore is industrial or	
16	talcum powder in ovarian cancer. This is a		16	cosmetic talc ore?	
17	small piece of it.		17	A. I don't.	ı
18	BY MS. BROWN:		18	MS. O'DELL: Object to the	ı
19	Q. I want to concentrate just on		19	form.	ı
20	your opinion that there's asbestos in talc.		20	BY MS. BROWN:	ı
21	And I want to know, did you weight		21	Q. Other than Hopkins' Exhibit 28,	ı
22	Dr. Longo's litigation reports the same as		22	Dr. Longo and the two FDA reports we've	ı
23	the testing by the FDA?		23	discussed, are you relying on anything else	ı
24	MS. O'DELL: Object to the form		24	to inform your opinion that talcum powder is	
		Page 139			Page 141
1	of the question, misstates her	Page 139	1	contaminated with asbestos?	Page 141
1 2	testimony.	Page 139	2	A. I also have the deposition of	Page 141
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		Daga 142			Daga 144
1	A And the question is did I use	Page 142	1	musdivote that are contaminated with ashestes	Page 144
1 2	A. And the question is, did I use this this this article that I have is		$\frac{1}{2}$	products that are contaminated with asbestos are Johnson & Johnson baby powder products?	
3	from 1991. I'm looking at my references.		3	A. Let me look at one thing and	
4	Yes, I did did use this.		4	then I'll answer your question.	
5	BY MS. BROWN:		5	(Witness reviews document.)	
6	Q. And when you say "this," is it		6		
7	your testimony that you are relying on the information contained in Blount's 1991		7	Johnson of talcum powder products is	
8			8	the majority is Johnson's baby powder and	
9	article to inform your opinion that talc is		9	Johnson & Johnson products. I'm assuming	
10	contaminated with asbestos?		10	that in this, where they've got consumer	
11	A. I'm relying on all of the		11	products, that some of those were Johnson &	
12	all of the references that I have in my list.		12	Johnson.	
13	That's one of them.		13	BY MS. BROWN:	
14	Q. Well, some of these references		14	Q. And you understand that some of	
15	have nothing to do with Johnson's baby		15	the consumer products they tested did not	
16	powder, right?		16	have asbestos?	
17	A. Yes. The references that		17	A. Yes.	
18	specifically are the testing for Johnson's		18	Q. Did you understand that?	
19	baby powder that I'm relying on for my		19	A. I understand that.	
20	statement that some baby some talcum		20	Q. Okay. What informs your	
21	powder product contains asbestos, are the		21	opinion that the products that were all	
22	Hopkins data that I showed you, the Longo		22	tested in 1976, in which he found asbestos,	
23	testing and the deposition of Dr. Blount.		23	were Johnson & Johnson products?	
24	Q. So did you write the paragraph		24	MS. O'DELL: Object to the	
		Page 143			Page 145
1	that cites, for example, Paoletti and Rohl	Page 143	1	form.	Page 145
1 2	that cites, for example, Paoletti and Rohl 1976?	Page 143	1 2		Page 145
2		Page 143		A. That each one specifically that	Page 145
	1976? A. Yes.	Page 143	2	A. That each one specifically that was tested is a Johnson & Johnson product?	Page 145
2 3 4	1976? A. Yes. Q. Okay. Why would you include	Page 143	2 3	A. That each one specifically that	Page 145
2 3 4 5	1976? A. Yes. Q. Okay. Why would you include Rohl 1976 as evidence that talcum powder	Page 143	2 3 4	A. That each one specifically that was tested is a Johnson & Johnson product? Is that what you're asking me? BY MS. BROWN:	Page 145
2 3 4	1976? A. Yes. Q. Okay. Why would you include Rohl 1976 as evidence that talcum powder Johnson's baby powder is contaminated?	Page 143	2 3 4 5	A. That each one specifically that was tested is a Johnson & Johnson product? Is that what you're asking me? BY MS. BROWN:  Q. Are you relying on Rohl 1976 to	Page 145
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	Page 146			Page 148
1	BY MS. BROWN:	1	that that the majority of the products are	1 1190 1 10
1 2	Q. And other than your assumption,	2	Johnson sold products consumer products	
3	are you relying on any other information for	3	are Johnson & Johnson, that I I do assume	
			that some of the ones that were tested in	
4	your to support your opinion that Rohl	4		
5	1976 tested Johnson baby powder products and	5	this are Johnson & Johnson. I took that	
6	found asbestos?	6	information and put it with the other	
7	A. The fact that the majority of	7	information to make my conclusion.	
8	consumer products are made by Johnson &	8	BY MS. BROWN:	
9	Johnson.	9	Q. And if you were wrong about	
10	Q. So Dr. Wolf, as I understand	10	your assumption regarding Rohl 1976, how	
11	your methodology, you've made an assumption,	11	would that affect your opinion here?	
12	that because the majority of talcum powder	12	A. I don't believe it would affect	
13	products are made by J&J, the positive	13	my opinion that talcum powder products	
14	results in the Rohl study must have included	14	include asbestos. So I don't think it would	
15	J&J products?	15	change my opinion.	
16	A. I used I what I'm saying	16	Q. So whether Rohl found a	
17	is that this supports all the other evidence	17	positive test result for a Johnson & Johnson	
18	that there's been asbestos found in some	18	product or not doesn't affect your opinion;	
19	Johnson & Johnson products.	19	is that right?	
20	Q. Right. But my question was a	20	MS. O'DELL: Objection to the	
21	little different. You've made an assumption,	21	form.	
22	that because J&J sells a lot of talcum powder	22	A. My concern is that overall	
23	products, they must be one of the positive	23	multiple testing, over multiple years from	
24	test results in the Rohl 1976 article. True?	24	multiple sites, suggests that some talcum	
	Page 147			Page 149
1	Page 147  MS. O'DELL: Object to the	1	powder product contains asbestos.	Page 149
1 2		1 2	powder product contains asbestos. BY MS. BROWN:	Page 149
1 2 3	MS. O'DELL: Object to the			Page 149
	MS. O'DELL: Object to the form, it misstates Dr. Wolf's	2	BY MS. BROWN: Q. Have you formed an opinion	Page 149
3 4	MS. O'DELL: Object to the form, it misstates Dr. Wolf's testimony.  A. I don't believe that's what I	2 3	BY MS. BROWN: Q. Have you formed an opinion about what percentage of Johnson & Johnson	Page 149
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3 4 5 6	MS. O'DELL: Object to the form, it misstates Dr. Wolf's testimony.  A. I don't believe that's what I said. I believe that my assumption is that some of the powder tested in this is	2 3 4 5 6	BY MS. BROWN:  Q. Have you formed an opinion about what percentage of Johnson & Johnson talcum powder product contains asbestos?  A. I don't care what percentage	Page 149
3 4 5 6 7	MS. O'DELL: Object to the form, it misstates Dr. Wolf's testimony.  A. I don't believe that's what I said. I believe that my assumption is that some of the powder tested in this is Johnson & Johnson product. Some of the	2 3 4 5 6 7	BY MS. BROWN:  Q. Have you formed an opinion about what percentage of Johnson & Johnson talcum powder product contains asbestos?  A. I don't care what percentage does. If there's any in it, it's too much.	Page 149
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	Page 150		Page 152
1	attempted to quantify or estimate what	1	dangerous.
2	percentage of Johnson & Johnson powder	2	BY MS. BROWN:
3	Johnson & Johnson baby powder products are	3	Q. And in terms of your
4	contaminated with asbestos?	4	methodology for analyzing the epidemiology in
5	MS. O'DELL: Object to the	5	this case, have you done that with an
6	form.	6	assumption that the talcum powder evaluated
7	A. I haven't attempted to quantify	7	in the epi contained asbestos?
8	what percentage of Johnson & Johnson baby	8	A. That question is not clear to
9	powder products contain asbestos. I hold the	9	me. Are you
10	opinion that if any of it contains asbestos,	10	Q. Let me rephrase. I understand
11	it's too much.	11	you looked at a number of epi studies in
12	BY MS. BROWN:	12	forming your opinion here, correct?
13	Q. Have you formed an opinion	13	A. Yes.
14	about what type of asbestos is contaminating	14	Q. Have you made the assumption
15	Johnson & Johnson baby powder products?	15	that the talcum powder that was studied in
16	A. It doesn't matter to me. All	16	those epi studies contained asbestos?
17	types of asbestos are carcinogenic.	17	MS. O'DELL: Object to the
18	Q. And that wasn't my question.	18	form.
19	My question was, have you formed an opinion	19	A. So I'm going to say that when
20	about what type of asbestos is contaminating	20	I when reviewing all of the studies, I
21	Johnson & Johnson's baby powder products?	21	wasn't really thinking specifically about the
22	MS. O'DELL: Excuse me. Object	22	components of talcum powder product. I was
23	to the form of the question, asked and	23	looking at the epidemiology of the findings
24	answered.	24	of talcum powder product and its risk for
	D 151		D 152
	Page 151		Page 153
1	A. I'll restate that. Because it	1	ovarian cancer, and then separately, in
2	doesn't matter to me what which type of	2	investigating and looking at all the
3	asbestos might be contained in a sample of	3	components of talcum powder as a way to
4	Johnson & Johnson's talcum powder product, I	4	explain the results of the epidemiology
5	don't have any opinion as to what type.	5	studies.
6	BY MS. BROWN:	6	So I'm not in the end, as a
7	Q. Do you have an opinion as to	7	whole it's part of the whole, but
8	how much contamination is in each individual	8	specifically looking at the epidemiology
9 10	bottle of Johnson & Johnson's baby powder?	9	studies, that wasn't my biggest concern. My
11	MS. O'DELL: Object to the form.	10 11	concern was, did the use of genital talcum powder increase the risk of ovarian cancer?
12	A. Because it doesn't matter to me	12	BY MS. BROWN:
13	how much there is, whether it's a small	13	Q. Do you believe that talc that's
14	amount, a large amount, a medium amount, my	14	not contaminated with asbestos can cause
15	concern is that if there's any in it, it's	15	ovarian cancer?
16	dangerous; I haven't formed an opinion about	16	A. I think of the product as a
17		17	whole versus separate, and my concern is that
18	how much there is		where versus separate, and HIV CONCENT IS that
1 1 2	how much there is.  RY MS_BROWN:		
	BY MS. BROWN:	18	in the talcum powder product, whether or not
19	BY MS. BROWN: Q. Do you believe that there's no	18 19	in the talcum powder product, whether or not a particular sample has asbestos, yes, there
19 20	BY MS. BROWN: Q. Do you believe that there's no amount of asbestos that's safe?	18 19 20	in the talcum powder product, whether or not a particular sample has asbestos, yes, there are other things in there that can be
19 20 21	BY MS. BROWN: Q. Do you believe that there's no amount of asbestos that's safe? MS. O'DELL: Object to the	18 19 20 21	in the talcum powder product, whether or not a particular sample has asbestos, yes, there are other things in there that can be carcinogenic and inflammatory and cause
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	Page 154			Page 156
1	cancer?	1	physician when you treated this patient?	1 1150 130
2	MS. O'DELL: Objection to the	2	A. At MD Anderson.	
3	form.	3	Q. You'd agree that the literature	
4	A. I believe that asbestos is one	4	that IARC relies upon in finding that	
5	of the products one of the components of	5	asbestos can cause ovarian cancer is in the	
6	talcum powder that causes carcinogenesis of	6	occupational context?	
7	the ovary or cancer of the ovary, but I think	7	MS. O'DELL: Object to the	
8	that in a specific sample, whether or not	8	form.	
9	there's asbestos, there's enough other	9	A. Yes, I would say that they	
10	products that can be carcinogenic that, yes,	10	looked at inhalation generally and dermal	
11	I think it's still at risk.	11	contact, yes.	
12	BY MS. BROWN:	12	BY MS. BROWN:	
13	Q. Okay. Have you reviewed, in	13	Q. And they looked at that in the	
14	connection with your opinions, Doctor, IARC's	14	heavy occupational exposure context, correct?	
15	review of asbestos?	15	MS. O'DELL: Objection to the	
16	A. Yes.	16	form.	
17	Q. Do you believe that asbestos is	17	A. You know, I'd have to look at	
18	a recognized cause of ovarian cancer?	18	the wording in that IARC again to answer that	
19	A. Yes.	19	question.	
20	Q. Have you ever diagnosed a	20	BY MS. BROWN:	
21	patient with ovarian cancer caused by	21	Q. Dr. Wolf, I'll hand we'll	
22	asbestos?	22	mark as Exhibit 10, IARC's monograph on	
23	A. I have, that I can recall, at	23	asbestos and ovarian cancer.	
24	least one patient.	24		
	Page 155			Page 157
1	Page 155  Q. And what was the asbestos	1	(Deposition Exhibit 10 marked	Page 157
1 2		1 2	(Deposition Exhibit 10 marked for identification.)	Page 157
	Q. And what was the asbestos			Page 157
2	Q. And what was the asbestos exposure of this patient encounter?	2	for identification.)	Page 157
2 3	<ul> <li>Q. And what was the asbestos exposure of this patient encounter?</li> <li>A. I don't recall. It was a long time ago.</li> <li>Q. And you documented in a</li> </ul>	2 3	for identification.) BY MS. BROWN: Q. I'll direct your attention to page 256. Did you review all of the studies	Page 157
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	•	Page 158			Page 160
1	IARC relies on in what we've marked as	1.81 100	1	statistically significant increase of ovarian	
2	Exhibit 10, inform your opinion in this case?		2	cancer, correct?	
3	A. My opinion that asbestos causes		3	MS. O'DELL: Object to the	
4	cancer?		4	form.	
5	Q. Yes.		5	A. There's an increase, but not a	
6	A. It's part of the opinion, yes.		6	statistically significant increase.	
7	Q. What do you rely on to support		7	BY MS. BROWN:	
8	your opinion that asbestos causes ovarian		8	Q. Well, that's an important	
9	cancer?		9	distinction, isn't it, Doctor?	
10	A. I would say that this and all		10	A. So it would be it would be	
11	of the literature. And some of this		11	stronger evidence if it was statistically	
12	literature, I believe, is in my		12	significant. I'm not writing it off as not	
13	contributing contributing materials that I		13	important, because the overall conclusion is	
14	reviewed. The Reid paper, the Langseth		14	that asbestos increases the risk of ovarian	
15	paper, the Magnani paper. Just didn't read		15	cancer. And I certainly wouldn't suggest	
16	them all, but all of their references.		16	that anyone expose themselves to asbestos,	
17	Q. And you would agree that the		17	whether it's an occupational hazard or not,	
18	studies that IARC reviewed were in the heavy		18	not just for its risk of ovarian cancer, but	
19	occupational exposure context, correct?		19	for the risk of other cancers, lung cancers,	
20	MS. O'DELL: Object to the		20	pleural cancers, renal cancers.	
21	form.		21	Q. The only studies on which IARC	
22	A. Occupationally exposed.		22	relies to support its conclusion that	
23	BY MS. BROWN:		23	asbestos causes ovarian cancer that have a	
24	Q. Let's look at page 256, the		24	statistically significant finding are in the	
		Page 159			Page 161
1	second column, the first full paragraph.	Page 159	1	heavy occupational context, correct?	Page 161
2	second column, the first full paragraph. "The Working Group noted that a causal	Page 159	2	MS. O'DELL: Object to the	Page 161
2 3	second column, the first full paragraph. "The Working Group noted that a causal association between exposure to asbestos and	Page 159	2 3	MS. O'DELL: Object to the form.	Page 161
2 3 4	second column, the first full paragraph. "The Working Group noted that a causal association between exposure to asbestos and cancer of the ovary was clearly established	Page 159	2 3 4	MS. O'DELL: Object to the form.  A. In that paragraph, that's what	Page 161
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2 3 4 5 6	second column, the first full paragraph. "The Working Group noted that a causal association between exposure to asbestos and cancer of the ovary was clearly established based on five strongly positive cohort mortality studies of women with heavy	Page 159	2 3 4 5 6	MS. O'DELL: Object to the form. A. In that paragraph, that's what it says. BY MS. BROWN:	Page 161
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1 A. I haven't attempted to 2 quantify. But if we go back to what I'm 3 talking about here is the talcum powder 4 product, which I believe some of which 5 contains asbestos but also contains fibrous 6 talc, heavy metals and fragrances that are 7 irritating. So it's hard it's apples and  1 environmental asbestos. I don't know if 2 those women used talcum powder in the 3 perineum. But again, talcum powder product, which I believe some of which 4 is more than asbestos. 5 BY MS. BROWN: 6 Q. Are you relying on the 7 nonstatistically significant findings in the	eir
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4 product, which I believe some of which 5 contains asbestos but also contains fibrous 6 talc, heavy metals and fragrances that are 4 is more than asbestos. 5 BY MS. BROWN: 6 Q. Are you relying on the	rodust
5 contains asbestos but also contains fibrous 5 BY MS. BROWN: 6 talc, heavy metals and fragrances that are 6 Q. Are you relying on the	oduct
6 talc, heavy metals and fragrances that are 6 Q. Are you relying on the	
/ Initiating. So it's hard it's apples and   / Honstatistically significant findings in the	10
8 oranges. It's asbestos occupationally that 8 environmental studies of women expose	
9 we're saying here. It's a talcum powder 9 asbestos to support your view that cosm	
10 product of which one of the concerning 10 talcum powder exposure causes ovarian	
11 components is asbestos and so it's more than 11 MS. O'DELL: Object to the	cancer:
12 just asbestos. 12 form.	
13 BY MS. BROWN: 13 A. I'm relying on the fact that	
14 Q. Are you aware of any scientific 14 asbestos is carcinogenic, fibrous talc is	
15 literature that has attempted to quantify the 15 carcinogenic, platy talc via IARC is a	
16 difference in exposure between heavy 16 possible carcinogenic, heavy metals, chi	romium
17 occupational asbestos exposure and cosmetic 17 and nickel are carcinogenic, cobalt is	MINUILL
18 talcum powder use? 18 possibly carcinogenic and many of the	
19 A. Of asbestos specifically, is 19 fragrances in talcum powder product are	<b>a</b>
20 that what you're asking me? What are you  20 irritating, that that combination of product are	
21 asking? 21 causes ovarian cancer in some women a	
22 Q. Are you aware of any scientific 22 any woman who uses it on her perineum	
23 literature that attempts to quantify the 23 risk increased risk for ovarian cancer.	
24 difference between how much a woman is  24 25 Hisk increased hisk for ovarian cancer:	•
Page 163	Page 165
1 exposed how much asbestos a woman is 1 BY MS. BROWN:	
2 exposed to in the occupational context versus 2 Q. Other than the nonstatistically	
3 if she uses a cosmetic talcum powder product 3 significant studies discussed in IARC's	
4 that you believe is contaminated with 4 monograph on asbestos, are you aware of	of any
5 asbestos? 5 scientific support linking asbestos to	
6 MS. O'DELL: Object to the 6 ovarian cancer outside of the heavy	
7 form. 7 occupational context?	
8 A. I'm not aware of any literature 8 MS. O'DELL: Object to the	
9 that specifically would answer that question 9 form, asked and answered.	
10 because how much, how often the talcum powder 10 A. I'm going to say I'm not aware	
11 is used would have would differentiate 11 of that, but it doesn't form my opinion.	
12 there. 12 going to go back to and I know I keep	
13 BY MS. BROWN: 13 repeating the same thing over again it	
Q. Are you aware of any scientific 14 not the asbestos alone. Asbestos is one	
support that exposure nonoccupational 15 the one of the issues that's a component	
16 exposure to asbestos causes ovarian cancer? 16 of talcum powder product that I'm conce	
MS. O'DELL: Object to the 17 about, that I believe the combination of	all
18 form, asked and answered. 18 of those things can increase the risk of	
19 A. So these papers referred here, 19 ovarian cancer.	
20 in fact the Reid paper, suggests that in 20 BY MS. BROWN:	
21 nonoccupational exposure, there's an 21 Q. Isn't it important for you to	
22 increase, although not a statistically 22 know or have established how much ash	
23 significant risk of ovarian cancer in women 23 you believe is contaminating baby power	
24 exposed to what would be presumed to be 24 products before you can make that opini	1011 !

# Case 3:16-md-02738-MAS-RLS Document 9733-4 Filed 05/07/19 Page 44 of 124 PageID: 34512 Judith K. Wolf, M.D.

	n	166			D 160
	· · · · · · · · · · · · · · · · · · ·	ge 166			Page 168
1	MS. O'DELL: Object to the		1	know, as far as my understanding, there isn't	
2	form.		2	a study that's taken one out and looked at	
3	A. To me it is not and that's		3	the difference in carcinogenicity, whether	
4	because if if things work in an additive		4	one or the other is not there, but it doesn't	
5	or synergistic way, the amount of asbestos		5	matter to me because they're there. Asbestos	
6	that on its own might increase or not		6	is carcinogenic. Heavy metals are	
7	increase the risk of ovarian cancer is		7	carcinogenic. Nickel and chromium. Platy	
8	separate from the amount of asbestos that in		8	tale is possibly carcinogenic. Fibrous tale	
9	combination with all of the other components		9	is asbestos. It's carcinogenic.	
10	might increase the risk of ovarian cancer.		10	BY MS. BROWN:	
11	BY MS. BROWN:		11	Q. Is there a threshold exposure	
12	Q. What scientific support do you		12	to asbestos in your mind that is needed to	
13	have for your opinion that asbestos works in		13	cause ovarian cancer?	
14	an additive way with the other constituents		14	A. Are you asking about asbestos	
15	of talcum powder to increase a woman's risk		15	on its own?	
16	for ovarian cancer?		16	Q. Asbestos on its own.	
17	A. I don't know that specifically		17	A. I'm not aware what that	
18	for asbestos, but I know that in general,		18	threshold is.	
19	cancer doesn't occur because of one thing; it		19	Q. Have you attempted to survey	
20	occurs because of multiple things. And that		20	the literature to see if there is any	
21	toxins can work in combination and that		21	scientific studies examining whether there is	
22	causes of cancer can work in combination.		22	a threshold level of asbestos exposure that	
23	For instance, the human papilloma virus		23	causes ovarian cancer?	
24	causes cervical cancer, but if you smoke on		24	MS. O'DELL: Object to the	
		<u> </u>			-
	Pag	ge 167			Page 169
1	Pag top of that, your risk of cervical cancer is	ge 167	1	form.	Page 169
1 2		ge 167	1 2		Page 169
	top of that, your risk of cervical cancer is	ge 167		form. A. Hold on one second. Because	Page 169
2	top of that, your risk of cervical cancer is greater than if you don't smoke.	ge 167	2	form.	Page 169
2 3	top of that, your risk of cervical cancer is greater than if you don't smoke.  So things can be additive and are synergistic. I don't know if these are	ge 167	2 3	form. A. Hold on one second. Because I'm looking on my papers about an asbestos exposure, but those are not human studies.	Page 169
2 3 4	top of that, your risk of cervical cancer is greater than if you don't smoke.  So things can be additive and	ge 167	2 3 4	form. A. Hold on one second. Because I'm looking on my papers about an asbestos	Page 169
2 3 4 5	top of that, your risk of cervical cancer is greater than if you don't smoke.  So things can be additive and are synergistic. I don't know if these are additive and/or synergistic. My concern is	ge 167	2 3 4 5	form. A. Hold on one second. Because I'm looking on my papers about an asbestos exposure, but those are not human studies. So my my brain says how I would test that,	Page 169
2 3 4 5 6	top of that, your risk of cervical cancer is greater than if you don't smoke.  So things can be additive and are synergistic. I don't know if these are additive and/or synergistic. My concern is that they're all toxic and more than likely,	ge 167	2 3 4 5 6	form. A. Hold on one second. Because I'm looking on my papers about an asbestos exposure, but those are not human studies. So my my brain says how I would test that, would be to give humans varying amounts of	Page 169
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	Page 170			Page 172
1	this is in there and this is in there and	1	you're going to change your testimony from	rage 172
2	this is in there, and what I mean is fibrous	2	earlier this morning?	
3	talc, platy talc, heavy metal, irritating	3	MS. O'DELL: Object to the	
4	fragrances, it doesn't matter to me how much	4	commentary. She's not changing her	
5	asbestos is in there. If there's a sample of	5	testimony. She's referred to	
6	baby powder that doesn't have asbestos in	6	Dr. Crowley numerous times in her	
7	there, it doesn't matter, because all of	7	deposition thus far.	
8	those other things also are carcinogenic or	8	BY MS. BROWN:	
9	possibly carcinogenic or irritating and	9	Q. Dr. Wolf, you remember telling	
10	inflammatory.	10	me this morning you didn't look at anybody's	
11	BY MS. BROWN:	11	expert report before you wrote yours, right?	
12	Q. So in forming your opinions in	12	A. Yes. But I was incorrect, and	
13	this case, Dr. Wolf, it is not important to	13	I'm clarifying it now, because I did see	
14	you to know the chemical composition of an	14	Dr. Crowley's report and I did see	
15	individual bottle of talcum powder; is that	15	Dr. Longo's report.	
16	right?	16	Q. Did you rely on Dr. Crowley's	
17	MS. O'DELL: Object to the	17	report in forming the opinions in your	
18	form.	18	report?	
19	A. In women who use talcum powder	19	A. About the fragrances, yes.	
20	on their perineum, if they're using it	20	Q. When did you see Dr. Crowley's	
21	regularly, whatever however that is	21	report?	
22	defined as once a day, once a week, twice a	22	A. Sometime before I turned my	
23	day, over a period of years they're going to	23	report in so that I had time to review it.	
24	be exposed to more than one bottle of baby	24	Q. Did you see a draft version of	
	Page 171			Page 173
1		1	Dr. Crowley's report?	Page 173
1 2	of talcum powder product. And so whether one	1 2	Dr. Crowley's report?  A. I think I saw his final report.	Page 173
2		1 2 3	A. I think I saw his final report.	Page 173
	of talcum powder product. And so whether one of those bottles did or did not have asbestos	2	<ul><li>A. I think I saw his final report.</li><li>Q. How many days did you spend</li></ul>	Page 173
2 3	of talcum powder product. And so whether one of those bottles did or did not have asbestos in it doesn't matter to me.	2 3	A. I think I saw his final report.	Page 173
2 3 4	of talcum powder product. And so whether one of those bottles did or did not have asbestos in it doesn't matter to me. BY MS. BROWN:	2 3 4	A. I think I saw his final report. Q. How many days did you spend reviewing Dr. Crowley's report?	Page 173
2 3 4 5	of talcum powder product. And so whether one of those bottles did or did not have asbestos in it doesn't matter to me.  BY MS. BROWN:  Q. Because in your view, there are	2 3 4 5	A. I think I saw his final report. Q. How many days did you spend reviewing Dr. Crowley's report? MS. O'DELL: Object to the	Page 173
2 3 4 5 6	of talcum powder product. And so whether one of those bottles did or did not have asbestos in it doesn't matter to me.  BY MS. BROWN:  Q. Because in your view, there are other things in talcum powder that cause	2 3 4 5 6	A. I think I saw his final report. Q. How many days did you spend reviewing Dr. Crowley's report? MS. O'DELL: Object to the form.	Page 173
2 3 4 5 6 7 8	of talcum powder product. And so whether one of those bottles did or did not have asbestos in it doesn't matter to me.  BY MS. BROWN:  Q. Because in your view, there are other things in talcum powder that cause cancer?  A. Because there are other things in talcum powder that are carcinogenic or	2 3 4 5 6 7	A. I think I saw his final report. Q. How many days did you spend reviewing Dr. Crowley's report? MS. O'DELL: Object to the form. A. I don't recall. BY MS. BROWN: Q. What information did you use or	Page 173
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		Page 174			Page 176
1	independent expert witness, to check the list	-	1	Dr. Crowley's list, are you relying on the	-
2	that you received from Dr. Crowley?		2	presence of those in the baby powder product	
3	MS. O'DELL: Object to the		3	to support your opinion that it increases a	
4	form.		4	woman's risk of ovarian cancer?	
5	A. I don't know how I could have		5	A. I believe it's one of the	
6	done that because I didn't have the list of		6	things that could.	
7	what was in there myself. And I don't		7	Q. So what I want to know is what	
8	so and I don't do the testing myself. I		8	ingredients do you believe could increase a	
9	relied on the expert, that he tested and		9	woman's risk of ovarian cancer, and then,	
10	found those things in the report, in the		10	two, what scientific support you have for	
11	fragrance or in the product, sorry.		11	that?	
12	BY MS. BROWN:		12	MS. O'DELL: Excuse me. Object	
13	Q. And is it your opinion that		13	to the form.	
14	some of the elements on Dr. Crowley's list		14	A. I never said that those	
15	increase a woman's risk of ovarian cancer?		15	ingredients themselves could increase the	
16	A. No. It's my opinion that some		16	risk of ovarian cancer. What I'm saying is	
17	of the ingredients on the list are		17	that some of the ingredients can be	
18	inflammatory. And I know that inflammation		18	inflammatory. Inflammation is associated	
19	plays a role in the development and		19	with development and progression of ovarian	
20	progression of ovarian cancer.		20	cancer. Those fragrances on their own	
21	Q. Are you relying on any		21	excuse me, in conjunction with all of the	
22	scientific literature to support your		22	other components of talcum powder are	
23	opinion, that some of the chemicals in		23	concerning to me.	
24	Johnson & Johnson's baby powder cause an		24	Ç	
		Page 175			Page 177
1	inflammatory reaction that can lead to		1	BY MS. BROWN:	
2	cancer?				
			2	Q. And what support do you have in	
3			2 3		
3 4	MS. O'DELL: Object to the form.			the scientific literature that would lead you	
	MS. O'DELL: Object to the form.		3		
4	MS. O'DELL: Object to the form.		3 4	the scientific literature that would lead you to be concerned about the inflammatory	
4 5	<ul><li>MS. O'DELL: Object to the form.</li><li>A. I'm relying on the literature</li></ul>		3 4 5	the scientific literature that would lead you to be concerned about the inflammatory process you just described?  A. Oh, in ovarian cancer?	
4 5 6	MS. O'DELL: Object to the form.  A. I'm relying on the literature that says ovarian cancer is related to		3 4 5 6	the scientific literature that would lead you to be concerned about the inflammatory process you just described?  A. Oh, in ovarian cancer?	
4 5 6 7	MS. O'DELL: Object to the form. A. I'm relying on the literature that says ovarian cancer is related to inflammation, both development and		3 4 5 6 7	the scientific literature that would lead you to be concerned about the inflammatory process you just described?  A. Oh, in ovarian cancer?  Q. No, with these chemicals, what	
4 5 6 7 8	MS. O'DELL: Object to the form.  A. I'm relying on the literature that says ovarian cancer is related to inflammation, both development and progression, and knowing that those are inflammatory, I have a concern about them. BY MS. BROWN:		3 4 5 6 7 8	the scientific literature that would lead you to be concerned about the inflammatory process you just described?  A. Oh, in ovarian cancer?  Q. No, with these chemicals, what support do you have the list of	
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		Page 178		Pas	ge 180
1	that those elements have been tested in human		1	of ovarian cancer.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	beings, have caused inflammation in human		2	BY MS. BROWN:	
3	beings?		3	Q. Other than your understanding	
4	MS. O'DELL: Object to the		4	that some of the fragrances have been	
5	form.		5	inflammatory in animals, is there anything	
6	A. I would have to review his		6	else you're relying on to support your	
7	report again. My so I can't answer that		7	opinion, that the presence of the fragrances	
8	question offhand. I would suspect that most		8	in Johnson & Johnson's baby powder increase a	
9	of these were tested in animals, not in human		9	woman's risk of ovarian cancer?	
10	beings.		10	MS. O'DELL: Object to the	
11	BY MS. BROWN:		11	form.	
12	Q. For purposes of your opinion,		12	A. I'm just reading the question	
13	Dr. Wolf, are you relying on a finding in		13	again. The fact that I know that	
14	animals of inflammation, to support your		14	inflammation in a proinflammatory state is	
15	opinion that talcum powder causes ovarian		15	related to the development of ovarian cancer	
16	cancer?		16	and the progression of ovarian cancer, I'm	
17	MS. O'DELL: Object to the		17	concerned about anything in talcum powder	
18	form.		18	product that would increase potentially	
19	A. No. What I'm relying on is		19	increase inflammation.	
20	let me clarify it. What I'm relying on is		20	BY MS. BROWN:	
21	that these cause inflammation, even if it's		21	Q. How have you made a	
22	in animals. They are part of the talcum		22	determination of how much of the fragrances	
23	powder product and concerning to me, in		23	are present in the talcum powder product?	
24	addition with all of the other parts of		24	A. I do not know that.	
		Page 179		Pag	ge 181
1	talcum powder that are concerning, asbestos,		1	Q. Isn't it important for you in	
_	fibrous talc, platy talc, heavy metals.		_	faming your opinion to know the amount of	
2			2	forming your opinion, to know the amount of	
3	BY MS. BROWN:		3	exposure that a woman would get from	
3 4	BY MS. BROWN: Q. What support do you have that		3 4	exposure that a woman would get from fragrances in talcum powder?	
3	BY MS. BROWN: Q. What support do you have that the inflammation you're referring to leads to		3	exposure that a woman would get from fragrances in talcum powder?  MS. O'DELL: Object to form.	
3 4	BY MS. BROWN: Q. What support do you have that the inflammation you're referring to leads to cancer?		3 4	exposure that a woman would get from fragrances in talcum powder?  MS. O'DELL: Object to form.  A. I'm going to go back to what I	
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3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	BY MS. BROWN:  Q. What support do you have that the inflammation you're referring to leads to cancer?  MS. O'DELL: Object to the form.  BY MS. BROWN:  Q. What I'm after is, where are the scientific studies that say this inflammation in an animal caused cancer, of the list of fragrances Dr. Crowley opines on?  MS. O'DELL: Object to the form, asked and answered.  A. Yeah, I believe I've already answered that question. I don't have a study that I can point to that says, using this agent it produced cancer, in this agent that it produced cancer. But if they're inflammatory, that's concerning enough to me, especially with ovarian cancer, that they		3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	exposure that a woman would get from fragrances in talcum powder?  MS. O'DELL: Object to form.  A. I'm going to go back to what I said about asbestos and the amount. First of all, I don't know how you would quantify the amount when I don't know what a dose is, how often someone uses it, how much they use, how long they used talcum powder product. And then in addition, each individual woman, her makeup, her response is going to be different.  And so given that there isn't testing of dosing to see if each of these individual things increases the risk of ovarian cancer and there's some concern that they increase inflammation, my concern is that any amount is worrisome.  BY MS. BROWN:  Q. And the basis for your opinion	

1	Page	182		Page 184
1	inflammation in animal models. True?	102	form.	- 450 104
2	MS. O'DELL: Object to the	$\frac{1}{2}$	A. I believe I've answered this	
3	form.	3	question multiple times, that these fragrance	
4	A. And more than that, that	4	ingredients, some of them cause inflammation,	
5	inflammation can cause be one of the	5	at least in animals, that ovarian cancer, one	
6	causes of ovarian cancer and this is	6	of the causes, is a proinflammatory state and	
7	something that's in a product that has	7	inflammation can also enhance the progression	
8	multiple things that have been associated	8	of ovarian cancer. And so if there's a	
9	with increased inflammation and/or	9	product that I know contains one of the	
10	carcinogenicity of the ovaries.	10	•	
11	BY MS. BROWN:	11	· · · · · · · · · · · · · · · · · · ·	
12	Q. And tell me, Doctor, I	12		
13	understand you believe that there is asbestos	13		
14	in baby powder, right, we talked about that?	14		
15	A. I have seen data to support	15		
16	that there is asbestos in some baby powder	16	•	
17	product.	17		
18	Q. And you have not made a	18	•	
19	determination as to how much may be in baby	19		
20	powder, correct? How much asbestos?	20		
21	MS. O'DELL: Objection to the	21	A. So it's not placed in the lung.	
22	form	22		
23	A. My concern is that I don't I	23	*	
24	don't know specifically how much, and I don't	24		
	Page	183		Page 185
1	really have a threshold of how much is safe.	1	Q. And the purpose of placing it	
2	I'm concerned with any.	2	in the pleura is to initiate an inflammatory	
3	BY MS. BROWN:	3	response, correct?	
4	Q. And you've not made a	4	A. That's correct.	
5	determination as to how much fragrance is in	5	Q. And that's, in fact, one of the	
6	any individual bottle of baby powder,	6		
7			reasons that talc is what's used in	
,	correct?	7	reasons that talc is what's used in pleurodesis because it produces in large	
		7	pleurodesis because it produces in large	
8 9	correct?  A. Well, an individual fragrance, no, I don't know.	_		
8	A. Well, an individual fragrance,	7 8	pleurodesis because it produces in large quantities, an inflammatory response, right? A. So that is one of the reasons	
8 9	A. Well, an individual fragrance, no, I don't know.	7 8 9	pleurodesis because it produces in large quantities, an inflammatory response, right?  A. So that is one of the reasons that talc has been used. It's not used very	
8 9 10	<ul><li>A. Well, an individual fragrance,</li><li>no, I don't know.</li><li>Q. Is it your testimony that any</li></ul>	7 8 9 10	pleurodesis because it produces in large quantities, an inflammatory response, right?  A. So that is one of the reasons that talc has been used. It's not used very much anymore because a lot of ovarian cancer	
8 9 10 11	A. Well, an individual fragrance, no, I don't know. Q. Is it your testimony that any amount, including trace levels of fragrances, can cause inflammation that lead to cancer?	7 8 9 10 11	pleurodesis because it produces in large quantities, an inflammatory response, right?  A. So that is one of the reasons that talc has been used. It's not used very much anymore because a lot of ovarian cancer patients get malignant pleural effusions.	
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that IARC noted is that in — certainly, talc gynecological oncologist includes from time to time referring patients for talc pleurodesis; is that right?  A. Referring patients for management of malignant pleural effusion. A. Referring patients for management of malignant pleural effusion. A. Referring patients for management of malignant pleural effusion. A. Referring patients for management of malignant pleural effusion. A. Referring patients who and I would say that in the last 15, at least, years, none of my patients have been followed for decades, to see if that inflammatory response leads to cancer, right? A. None of those patients, as one of the epidemiology as it relates to reviewed th			Page 186			Page 188
2 gynecological oncologist includes from time to time referring patients for talc  4 pleurodesis; is that right?  5 MS. O'DELL: Object to the 6 form. 7 A. Referring patients for 8 management of malignant pleural effusion. 9 And I would say that in the last 15. at 11 least, years, none of my patients have had 11 talc pleurodesis or any kind of chemical 12 pleurodesis or any kind of chemical 12 pleurodesis or any kind of chemical 13 BY MS. BROWN: 14 Q. And you're not a pulmonologist, 15 right. 26 Q. And by and large – have you 17 reviewed the epidemiology as it relates to 18 that patients go to when they're suffering 19 from diseases of the pleura like 19 from diseases of the pleura like 19 mesothelioma, correct? 21 MS. O'DELL: Object to the 22 form. 23 A. No. 24 No. 25 Page 187  1 BY MS. BROWN: 26 Q. And so whether or not talc 27 guitents with mesothelioma is not something 28 that Lark considered in a number of institutions treating 29 patients with mesothelioma is not something 29 the referring patients for 20 And you would agree with men, 21 belanced by the pleurodesis is not as common as it used to 28 pleurodesis is not as common as it used to 29 pleurodesis is not as common as it used to 20 peterring to? 21 BY MS. BROWN: 22 Q. And you would agree with men, 23 BY MS. BROWN: 24 Determined the pleurodesis is something 25 patients with mesothelioma is not something 26 that Lark Considered in reviewing the 27 form. 28 MS. O'DELL: Object to the 28 form. 29 MS. O'DELL: Object to the 29 form. 30 WY MS. BROWN: 31 BY MS. BROWN: 42 Q. And you would agree with men, 33 BY MS. BROWN: 44 A. Yes. 55 Q. And that those patients have 56 been followed for decades, to see if that 57 inflammatory response leads to cancer, right? 50 Q. And you would agree with men, 51 Dector, that fale pleurodesis is not as common as it used to 52 be. 53 BY MS. BROWN: 54 Q. And you would agree with men, 55 Dector, that fale pleurodesis is something 56 that Lark Considered in reviewing the 57 form. 58 Graph Control of the 58 form. 59 A. I would sag	1	O Part of your cara as a	1 age 100	1	that IADC noted is that in containly tale	Tage 100
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A pleurodesis; is that right?   A. Yes.						
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A. Referring patients for management of malignant pleural effusion.  And I would say that in the last 15, at 10 least, years, none of my patients have had 110 least, years, none of my patients have had 111 least, years, none of my patients have had 112 least, years, none of my patients have had 113 least, years, none of my patients have had 114 least, years, none of my patients have had 115 least, years, none of my patients have had 116 least, years, none of my patients what in the last 15, at 117 least, years, none of my patients what in the last 15, at 118 least, years, none of my patients what in the last 15, at 119 leurodesis or any kind of chemical 119 leurodesis or any kind of chemical 110 reviewed the epidemiology as it relates to 111 patients who have undergone talc pleurodesis?  A. Yes. Q. And you would agree with IARC, that the conclusions are that talc pleurodesis does not cause cancer. True?  MS. O'DELL: Object to the form.  1 BY MS. BROWN:  1 BY MS. BROWN:  2 Q. And so whether or not talc pleurodesis is and remains the standard of care at a number of institutions treating patients with mesothelioma is not something that you necessarily know; is that fair?  A. I would say it's my 10 understanding that in general, talc 110 pleurodesis is and remains the standard to 110 pleurodesis is and remains the standard of 110 understanding that in general, talc 110 pleurodesis is and talc yight?  BY MS. BROWN:  A. I would say it's my 110 understanding that in general, talc 110 pleurodesis is not as common as it used to 111 pleurodesis is and take pleurodesis is and take pleurodesis is not as common as it used to 111 pleurodesis is and take pleurodesis is and take pleurodesis is not as common as it used to 111 pleurodesis is and take pleurodesis is and					· ·	
8 management of malignant pleural effusion. 9 And I would say that in the last 15, at 10 least, years, none of my patients have had 11 talc pleurodesis or any kind of chemical 12 pleurodesis or any kind of chemical 13 BY MS. BROWN: 14 Q. And you're not a pulmonologist, 15 right, Doctor? 16 A. I'm not a pulmonologist. 17 Q. You are not the primary person 18 that patients go to when they're suffering 19 from diseases of the pleura like 20 mesothelioma, correct? 21 MS. O'DELL: Object to the 21 form. 22 A. No. 23 A. No. 24 Description of talc. 25 dual that patients go to when they're suffering 26 form. 27 A. No. 28 Day MS. BROWN: 29 A. I would any one week and that patients with mesotheliom ais not something 29 patients who have undergone talc pleurodesis? 20 And you would agree with LARC, 21 that the conclusions are that talc 22 pleurodesis is and remains the standard of care at a number of institutions treating 29 patients who have undergone talc pleurodesis? 20 And you would agree with resort talc 21 pleurodesis is and remains the standard of care at a number of institutions treating 22 patients who have undergone talc pleurodesis, it happens ance, anore. True? 23 A. No. 24 Description of the fitterature on that, is that it's a — most of the time it's a one-time application of talc. 25 but it's not a repeated application of talc. 26 but it's not a repeated application of talc. 27 BY MS. BROWN: 28 BY MS. BROWN: 29 A. I would say it's my 20 understanding that in general, talc 31 pleurodesis is not as common as it used to 32 but it's not a repeated application of talc. 33 by MS. DOELL: Object to the 34 form. 45 form. 46 form. 47					the contract of the contract o	
9 And I would say that in the last 15, at 10 least, years, none of my patients have had 11 take pleurodesis or any kind of chemical 12 pleurodesis. They've all had drains placed. 12 BY MS. BROWN: 13 BY MS. BROWN: 14 Q. And you're not a pulmonologist. 15 right, Doctor? 15 Page 187 Q. And you would agree with IARC, that the conclusions are that talc 16 pleurodesis does not cause cancer. True? 17 MS. O'DELL: Object to the 16 form. 18 MS. O'DELL: Object to the 17 Q. And so whether or not talc 18 pleurodesis is not as common as it used to 19 patients with mesothelioma is not something 19 patients with mesothelioma is not something 10 that you necessarily know; is that fair? 19 patients with mesothelioma is not something 19 pleurodesis is not as common as it used to 11 pleurodesis is not as common as it used to 12 pleurodesis is not as common as it used to 12 pleurodesis is not as common as it used to 16 pleurodesis is not as common as it used to 17 process and the pleurodesis is not as common as it used to 18 pleurodesis is not as common as it used to 19 preferring to? 20 preferri						
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11 talc pleurodesis or any kind of chemical 12 pleurodesis. They've all had drains placed. 13 BY MS. BROWN: 14 Q. And you're not a pulmonologist, 15 right, Doctor? 16 A. I'm not a pulmonologist. 17 Q. You are not the primary person 18 that patients go to when they're suffering 19 from diseases of the pleura like 20 mesothelioma, correct? 21 MS. O'DELL: Object to the 22 form. 23 A. No. 24 MS. BROWN: 25 MS. BROWN: 26 Page 187  1 BY MS. BROWN: 27 Page 187  1 BY MS. BROWN: 28 Page 187  1 BY MS. BROWN: 3 Page 189  1 BY MS. BROWN: 4 Care at a number of institutions treating 5 patients with mesothelioma is not something 6 that you necessarily know; is that fair? 7 MS. O'DELL: Object to the 8 form. 8 form. 9 A. I would say it's my 10 understanding that in general, talc 11 pleurodesis is not as common as it used to 22 be. 23 A. Yes. 4 A. So my interpretation of the 6 literature on that, is that it's a - most of 1 that pleurodesis are that tale 1 pleurodesis is not each cancer. True?		•				
12   pleurodesis. They've all had drains placed.   12   A. Yes.   13   BY MS. BROWN:   14   Q. And you're not a pulmonologist,   14   that the conclusions are that tale   right, Doctor?   15   A. I'm not a pulmonologist.   16   MS. O'DELL: Object to the   form.   17   form.   18   that pleurodesis does not cause cancer. True?   16   MS. O'DELL: Object to the   form.   18   that pleurodesis does not cause cancer. True?   16   MS. O'DELL: Object to the   form.   18   that pleurodesis does not cause cancer. True?   16   MS. O'DELL: Object to the   form.   18   that pleurodesis does not cause cancer. True?   16   MS. O'DELL: Object to the   form.   18   that pleurodesis does not cause cancer. True?   16   MS. O'DELL: Object to the   form.   18   that pleurodesis does not cause cancer. True?   16   MS. O'DELL: Object to the   form.   18   that the conclusions are that tale   pleurodesis does not cause cancer. True?   16   MS. O'DELL: Object to the   form.   18   that the conclusions are that tale   pleurodesis does not cause cancer. True?   16   MS. O'DELL: Object to the   19   that pleurodesis does not cause cancer. True?   16   MS. O'DELL: Object to the   19   that pleurodesis does not cause cancer. True?   16   MS. O'DELL: Object to the   19   that pleurodesis does not cause cancer. True?   16   MS. O'DELL: Object to the   19   that pleurodesis does not cause cancer. True?   16   MS. O'DELL: Object to the   19   that pleurodesis does not cause cancer, right?   18   that the conclusions are that tale   pleurodesis does not cause cancer, right?   18   that the conclusions are that tale   pleurodesis does not cause interaction of tale.   pleurodesis does not cause interaction of the   that the conclusions are that tale   pleurodesis does not cause interaction of the   that the conclusions are that tale   pleurodesis does not cause interaction of the   that pleurodesis does not cause interaction of the   that pleurodesis does not cause interaction of the   that tire true interaction of tale.   pleurodesis does not						
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24 Q. Right. And one of the things 24 much of it's given once, and much of the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. And so whether or not talc pleurodesis is and remains the standard of care at a number of institutions treating patients with mesothelioma is not something that you necessarily know; is that fair?  MS. O'DELL: Object to the form.  A. I would say it's my understanding that in general, talc pleurodesis is not as common as it used to be.  BY MS. BROWN:  Q. And you would agree with me, Doctor, that talc pleurodesis is something that IARC considered in reviewing the literature on talc, right?  MS. O'DELL: Object to the form. Which monograph are you referring to?  BY MS. BROWN:  Q. On talc.	rage 18/	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	but it's not a repeated application of talc. BY MS. BROWN:  Q. Have you attempted to quantify the difference between how much talc is applied to the mesothelial cells of the pleura versus how much talc could enter a woman's body from perineal use?  MS. O'DELL: Object to the form.  A. I haven't done that. I'm not sure how you could do that, unless you measured how much a woman used over time. BY MS. BROWN:  Q. You would agree with me that in the pleurodesis context, talc causes an inflammatory response that does not cause cancer, right?  MS. O'DELL: Object to the form.  A. I would agree that it causes an acute inflammatory response, that's why it's	Page 189
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	Page 190			Page 192
1	time we don't know the patients don't live	1	A. I believe that talc, as well as	1 age 192
1 2	long enough to know if there's any effect.	2	many inert materials can migrate to the	
3	In the patients that have lived long and have	3	ovaries.	
4	been followed, there hasn't seen an increase	4	Q. What other inert materials can	
5	risk of cancer, but again, it's a one-time	5	migrate to the ovaries?	
6	application.	6	A. Dead sperm, carbon particles,	
7	BY MS. BROWN:	7	radioactive material that's been studied.	
8	Q. And in terms of how much of	8	Q. Are you aware	
9	the one-time application, how much talc gets	9	A. Menstrual blood that flows	
10	into a person's body, that's not something	10	retrograde.	
11	you know, right?	11	Q. What about particles from the	
12	A. No, because I think that if a	12	exterior of the vagina? Are you aware of any	
13	woman's using it, I don't know how much she's	13	evidence that those particles can migrate to	
14	using over time. And although maybe one time	14	the ovaries?	
15		15		
16	using it in the perineum is less than the	16	A. So I want to say it's in one	
17	amount used for talc pleurodesis, if somebody	17	of the animal studies. There is definitely inflammation of the genital tract with	
18	uses talcum powder product in their peroneum	18	perineal application of rats from talc. It's	
19	daily, monthly, weekly for years, I don't know how that relates to what's used in a	19	not necessarily a migration study.	
20		20		
21	one-time talc pleurodesis.  Q. Right. You don't have any	21	Q. So my question is, do you have any scientific support that particles on the	
22	Q. Right. You don't have any information or any basis to compare the	22	exterior of the vagina can migrate up the	
23	amount of tale that's injected into a person	23	genital tract to the ovaries?	
24	who's getting talc pleurodesis with the	24	MS. O'DELL: Object to the	
24	who's getting tale picurodesis with the	24	Wis. O'DELL. Object to the	
	Page 191			Page 193
1	amount of talc that may or may not migrate up	1	form.	
2	the genital track to the ovaries. True?	2	A. So I don't know how to say	
3	MS. O'DELL: Object to the	3	this. Because of the position of the	
4	form.	4	perineum, because of the opening of the	
5	A. What I'm saying is that I can't	5	vagina, because of the opening of the cervix,	
6	compare the two. It's certainly not bottles	6	unless a woman has cervical stenosis, and the	
7	of talcum powder that multiple bottles	7	opening of the fallopian tubes, unless she	
8	that are used in pleurodesis.	8	has her tubes tied or removed, it's an open	
9	BY MS. BROWN:	9	tract from the outside up through the vagina	
10	Q. Do you know how many grams of	10	and to the ovaries in humans. Some animals	
11	talcum powder are used in talc pleurodesis?	11	not, but in humans. And it's generally	
12	A. I don't remember offhand.	12	accepted in the gynecologic community and by	,
13	Q. Have you attempted to quantify	13	the FDA that migration occurs.	
14	how much talcum powder could ascend the	14	BY MS. BROWN:	
15				
	genital tract through perineal dusting?	15	Q. And I understand in connection	
16	genital tract through perineal dusting?  MS. O'DELL: Object to the	16	with your report on page 10, you cite to a	
16 17	genital tract through perineal dusting?  MS. O'DELL: Object to the form.	16 17	with your report on page 10, you cite to a number of studies that support your opinion;	
16 17 18	genital tract through perineal dusting?  MS. O'DELL: Object to the form.  A. Are you asking me have I	16 17 18	with your report on page 10, you cite to a number of studies that support your opinion; is that right?	
16 17 18 19	genital tract through perineal dusting?  MS. O'DELL: Object to the form.  A. Are you asking me have I personally done that?	16 17 18 19	with your report on page 10, you cite to a number of studies that support your opinion; is that right?  A. That's correct.	
16 17 18 19 20	genital tract through perineal dusting?  MS. O'DELL: Object to the form.  A. Are you asking me have I personally done that?  BY MS. BROWN:	16 17 18 19 20	with your report on page 10, you cite to a number of studies that support your opinion; is that right?  A. That's correct. Q. And none of these studies	
16 17 18 19 20 21	genital tract through perineal dusting?  MS. O'DELL: Object to the form.  A. Are you asking me have I personally done that?  BY MS. BROWN:  Q. Well, in connection with your	16 17 18 19 20 21	with your report on page 10, you cite to a number of studies that support your opinion; is that right?  A. That's correct. Q. And none of these studies involve studying whether talcum powder	
16 17 18 19 20 21 22	genital tract through perineal dusting?  MS. O'DELL: Object to the form.  A. Are you asking me have I personally done that? BY MS. BROWN:  Q. Well, in connection with your opinion I assume your opinions in this	16 17 18 19 20 21 22	with your report on page 10, you cite to a number of studies that support your opinion; is that right?  A. That's correct. Q. And none of these studies involve studying whether talcum powder applied outside of the vagina can travel up	
16 17 18 19 20 21	genital tract through perineal dusting?  MS. O'DELL: Object to the form.  A. Are you asking me have I personally done that?  BY MS. BROWN:  Q. Well, in connection with your	16 17 18 19 20 21	with your report on page 10, you cite to a number of studies that support your opinion; is that right?  A. That's correct. Q. And none of these studies involve studying whether talcum powder	

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1	studies.		1	MS. O'DELL: Object to the	
2	Q. And in fact, none of these		2	form.	
3	studies investigate whether any particle		3	A. So there was a concern for	
4	applied outside of the vagina can travel up		4	that. I think we talked about that earlier.	
5	to the ovaries. True?		5	BY MS. BROWN:	
6	A. Not no, that's correct.		6	Q. I'm talking about the epi that	
7	Q. And, in fact, there is no		7	looked at women who had used, with their	
8	evidence in the scientific community at all,		8	partners, talc-dusted condoms and you know	
9	that would show a talcum powder particle		9	that epi shows no increased risk of ovarian	
10	outside of the vagina traveling up to the		10	cancer, right?	
11	ovaries; that investigation has not been		11	MS. O'DELL: Object to the	
12	done, correct?		12	form.	
13	MS. O'DELL: Objection to the		13	A. So just because those	
14	form.		14	studies okay. I'm going to say okay, yes.	
15	A. So the studies that I have		15	BY MS. BROWN:	
16	quoted for referenced for migration are		16	Q. How did that body of	
17	not talcum powder. There are other inert		17	epidemiology, how did you take that into	
18	substances. The studies on talcum powder		18	account in forming your opinion in this case?	
19	were not on the perineum in the vagina, but		19	MS. O'DELL: Object to the	
20	there's there's no reason to think or		20	form.	
21	believe, and from my perspective and from the		21	A. So I mean, I'm going to say	
22	perspective of the gynecologic community,		22	that it's a piece of the information, but	
23	that any inert substance couldn't travel from		23	when I look at all of the information as a	
24	the outside up into the ovaries. In fact,		24	whole, as in epidemiology as far as talcum	
	P	Page 195			Page 197
1		Page 195	1	nowder product exposure the weight of the	Page 197
1 2	it's been known for decades, that if a woman	Page 195	1 2	powder product exposure, the weight of the	Page 197
2	it's been known for decades, that if a woman has that system blocked in some way, if her	Page 195	2	evidence suggests that there is an increased	Page 197
2 3	it's been known for decades, that if a woman has that system blocked in some way, if her tubes are tied or her tubes are removed or	Page 195	2 3	evidence suggests that there is an increased risk of ovarian cancer with genital talcum	Page 197
2 3 4	it's been known for decades, that if a woman has that system blocked in some way, if her tubes are tied or her tubes are removed or she's had a hysterectomy, that reduces her	Page 195	2 3 4	evidence suggests that there is an increased risk of ovarian cancer with genital talcum powder application.	Page 197
2 3 4 5	it's been known for decades, that if a woman has that system blocked in some way, if her tubes are tied or her tubes are removed or she's had a hysterectomy, that reduces her risk of ovarian cancer. And before there was	Page 195	2 3 4 5	evidence suggests that there is an increased risk of ovarian cancer with genital talcum powder application. BY MS. BROWN:	Page 197
2 3 4 5 6	it's been known for decades, that if a woman has that system blocked in some way, if her tubes are tied or her tubes are removed or she's had a hysterectomy, that reduces her risk of ovarian cancer. And before there was any hint of what might be coming from the	Page 195	2 3 4 5 6	evidence suggests that there is an increased risk of ovarian cancer with genital talcum powder application. BY MS. BROWN: Q. Did you in considering the	Page 197
2 3 4 5 6 7	it's been known for decades, that if a woman has that system blocked in some way, if her tubes are tied or her tubes are removed or she's had a hysterectomy, that reduces her risk of ovarian cancer. And before there was any hint of what might be coming from the outside, the hypothesis in the medical	Page 195	2 3 4 5 6 7	evidence suggests that there is an increased risk of ovarian cancer with genital talcum powder application.  BY MS. BROWN:  Q. Did you in considering the epidemiology that looked at women whose	Page 197
2 3 4 5 6 7 8	it's been known for decades, that if a woman has that system blocked in some way, if her tubes are tied or her tubes are removed or she's had a hysterectomy, that reduces her risk of ovarian cancer. And before there was any hint of what might be coming from the outside, the hypothesis in the medical community, at least in the gynecologic	Page 195	2 3 4 5 6 7 8	evidence suggests that there is an increased risk of ovarian cancer with genital talcum powder application.  BY MS. BROWN:  Q. Did you in considering the epidemiology that looked at women whose partners had used talc-dusted condoms, did	Page 197
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	Page 198			Page 200
1	A. So I believe he didn't see a	1	A. If I know it. I don't always	
2	difference. I have to look at the paper	2	know.	
3	again. Some of them they saw a difference if	3	Q. The date of the publication	
4	the tubes were tied and some of them they	4	with a preference for more recent studies?	
5	didn't and I can't remember.	5	A. Yes.	
6	MS. O'DELL: If you need to	6	Q. Okay. And anything else that	
7	take a look at the paper.	7	went into your determination that	
8	BY MS. BROWN:	8	Dr. Cramer's 2016 study was high quality?	
9	Q. Let's take a look at the paper	9	MS. O'DELL: Other than what	
10	and refresh you on what Dr. Cramer found, and	10	she said previously.	
11	I'll ask you some questions about that.	11	A. And also all of the different	
12	A. 2016. This one.	12	potential cofactors that are evaluated.	
13	Q. That's going to be this one.	13	BY MS. BROWN:	
14	Doctor, I want to direct you to page 339, and	14	Q. By "cofactors that are	
15	we'll mark it as an exhibit. This will be	15	evaluated," do you mean that the author	
16	Wolf 11, Dr. Cramer's 2016 article. And I	16	controlled for confounders?	
17	think you stated in your report that this was	17	A. Or at least looked at other	
18	an article that you found to be of	18	things that might have an impact.	
19	particularly high quality; is that right?	19	Q. And one of the things you know	
20	A. Yes.	20	that Dr. Cramer found on page 339, is that	
21	(Deposition Exhibit 11 marked	21	there was a statistically significant	
22	for identification.)	22	increased risk in women who had had their	
23	BY MS. BROWN:	23	tubes tied who had used talcum powder, right?	
24	Q. And what what's your	24	A. (Nods head.)	
	Page 199			Page 201
1	definition of a "high-quality case-control	1	Q. Do you see that?	
2	study"?	2	A. Yes, I see that.	
3	A. So I looked at the size of the	3	Q. Okay. And that's the opposite	
4	study, the I was trying to focus on the	4	of what you would expect, based on your	
5	newer studies just because this would be more	5	opinion and theory. True?	
6	related to talcum powder products in the last	6	MS. O'DELL: Object to the	
7	20 or 30 years. Dr. Cramer has expertise in	7	form.	
8	this area. This is something that he studied	8	A. If we knew when they had their	
9	before. And he also looked at multiple	9	tubes tied. Did they have their tubes tied	
10	multiple how often the talc was used and	10	before they started using talcum powder, or	
11	multiple factors that might influence whether	11	after, or when?	
12	there was an impact.	12	BY MS. BROWN:	
13			O W-11 :	
	Q. So as I understand you,	13	Q. Well, in any event, what you	
14	Q. So as I understand you, Dr. Wolf, the factors you considered in	14	would expect, Doctor, is that the finding in	
14 15	Q. So as I understand you, Dr. Wolf, the factors you considered in deeming that a study was, quote/unquote, high		would expect, Doctor, is that the finding in a woman who had her tubes tied should show	
14 15 16	Q. So as I understand you, Dr. Wolf, the factors you considered in deeming that a study was, quote/unquote, high quality, include looking at the number of	14 15 16	would expect, Doctor, is that the finding in	
14 15 16 17	Q. So as I understand you, Dr. Wolf, the factors you considered in deeming that a study was, quote/unquote, high quality, include looking at the number of people studied; is that right?	14 15 16 17	would expect, Doctor, is that the finding in a woman who had her tubes tied should show less of a relative risk than in those who did not have their tubes tied, based on your	
14 15 16 17 18	Q. So as I understand you, Dr. Wolf, the factors you considered in deeming that a study was, quote/unquote, high quality, include looking at the number of people studied; is that right? A. Uh-huh.	14 15 16 17 18	would expect, Doctor, is that the finding in a woman who had her tubes tied should show less of a relative risk than in those who did not have their tubes tied, based on your theory of migration. True?	
14 15 16 17 18 19	Q. So as I understand you, Dr. Wolf, the factors you considered in deeming that a study was, quote/unquote, high quality, include looking at the number of people studied; is that right? A. Uh-huh. Q. The author of the study,	14 15 16 17 18 19	would expect, Doctor, is that the finding in a woman who had her tubes tied should show less of a relative risk than in those who did not have their tubes tied, based on your theory of migration. True?  MS. O'DELL: Object to the	
14 15 16 17 18 19 20	Q. So as I understand you, Dr. Wolf, the factors you considered in deeming that a study was, quote/unquote, high quality, include looking at the number of people studied; is that right? A. Uh-huh. Q. The author of the study, correct?	14 15 16 17 18 19 20	would expect, Doctor, is that the finding in a woman who had her tubes tied should show less of a relative risk than in those who did not have their tubes tied, based on your theory of migration. True?  MS. O'DELL: Object to the form.	
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14 15 16 17 18 19 20 21	Q. So as I understand you, Dr. Wolf, the factors you considered in deeming that a study was, quote/unquote, high quality, include looking at the number of people studied; is that right? A. Uh-huh. Q. The author of the study, correct? A. Uh-huh.	14 15 16 17 18 19 20 21	would expect, Doctor, is that the finding in a woman who had her tubes tied should show less of a relative risk than in those who did not have their tubes tied, based on your theory of migration. True?  MS. O'DELL: Object to the form.  A. Only if those tubes were tied	

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	Page 202			Page 204
1	BY MS. BROWN:	1	MS. O'DELL: Object to the	
2	Q. And you know Dr. Cramer did an	2	form.	
3	analysis of that as well, right?	3	A. I'm not sure. I would if	
4	A. I don't know that he was able	4	the only way that they might get cancer from	
5	to.	5	an ovary is from migration, yes. Unless	
6	Q. What he said, as you recall, is	6	their tubes weren't adequately tied.	
7	that the number of women who only used talcum	7	However, if the talc got to their ovaries	
8	powder after their tubes were tied were too	8	from another source through inhalation, then	
9	small to even analyze, right?	9	there may still be some confounding and some	
10	A. That's the answer	10	increased risk.	
11	(Simultaneous discussion	11	BY MS. BROWN:	
12	interrupted by reporter.)	12	Q. Is it your opinion, Doctor,	
13	MS. O'DELL: Give me a chance.	13	that talc can get to a woman's ovaries	
14	If you need to look at the paper,	14	through inhalation?	
15	don't don't assume based on what	15	A. Yes.	
16	the question is.	16	Q. Have you considered the	
17	(Witness reviews document.)	17	findings of the epidemiology as it relates to	
18	BY MS. BROWN:	18	body-only powder use?	
19	Q. Doctor, you would agree that,	19	MS. O'DELL: Object to the	
20	based on your theory of migration, you would	20	form.	
21	expect to see a significantly decreased risk	21	A. Yes.	
22	in women who had a tubal ligation. True?	22	BY MS. BROWN:	
23	MS. O'DELL: Doctor, feel free	23	Q. And what have those studies, by	
24	to continue to refresh yourself before	24	and large, shown?	
	Page 203			Page 205
1	you answer any questions.	1	A. That it's that there's no	
2	A. I just want to read the I	2	carcinogenicity.	
3	want to look at one more thing and then I'll	3	Q. The epidemiology shows, by and	
4	answer your question.	4	large, no increased risk of ovarian cancer	
5	(Witness reviews document.)	5	with body-only use of talcum powder, correct?	
6	A. I can't find it in the written	6	A. Yes.	
7	nart at the article	_	A CONTEST A COLUMN A	
8	part of the article.	7	MS. O'DELL: Object to the	
	BY MS. BROWN:	8	form.	
9	BY MS. BROWN: Q. Doctor, I'm going to withdraw	8 9	form. BY MS. BROWN:	
9 10	BY MS. BROWN: Q. Doctor, I'm going to withdraw the question because I really do want to move	8 9 10	form. BY MS. BROWN: Q. How did you consider that	
9 10 11	BY MS. BROWN: Q. Doctor, I'm going to withdraw the question because I really do want to move on. I understand you want to spend some time	8 9 10 11	form. BY MS. BROWN: Q. How did you consider that epidemiology in forming your opinion that a	
9 10 11 12	BY MS. BROWN:  Q. Doctor, I'm going to withdraw the question because I really do want to move on. I understand you want to spend some time with the study and we can do that on a break.	8 9 10 11 12	form. BY MS. BROWN: Q. How did you consider that epidemiology in forming your opinion that a woman might be exposed to talcum powder	
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9 10 11 12 13 14 15 16 17 18 19 20 21	BY MS. BROWN:  Q. Doctor, I'm going to withdraw the question because I really do want to move on. I understand you want to spend some time with the study and we can do that on a break.  MS. O'DELL: She's about to answer your question.  A. I mean, it basically says that he didn't have enough women to be able to explain why that was the case. BY MS. BROWN:  Q. Okay. So as a concept, though, Doctor, you would expect, based on your theory, that the epidemiology would show a	8 9 10 11 12 13 14 15 16 17 18 19 20 21	form. BY MS. BROWN: Q. How did you consider that epidemiology in forming your opinion that a woman might be exposed to talcum powder through inhalation? MS. O'DELL: Object to the form. A. I'm not sure how those two things relate. BY MS. BROWN: Q. If a woman uses talcum powder on her body, how is she exposed to the talcum powder?	

		Daga 206		Dogo 200
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	potential more of a potential for a woman to be exposed from inhaling talcum powder when she puts it in her underwear than if she's using it on her chest?  A. I don't know.  Q. Have you evaluated how much talcum powder a woman using body-use-only would be exposed to?  MS. O'DELL: Object to the form.  A. I know that body-use-only does not increase carcinogenicity carcinogenesis, I'm sorry. But I'm not ruling out that someone who routinely daily uses it on the perineum couldn't also have inhalation exposure.  BY MS. BROWN:  Q. And what support do you have in the scientific literature for that opinion?  A. I would say the finding of talc in lymph nodes is one potential pelvic	Page 206	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	case report, do you have any other support in the scientific literature that a woman using talcum powder perineally would be exposed via inhalation?  A. Hang on one second.  (Witness reviews document.)  A. I'm looking at my report and my references, but they don't specifically talk about perineal application and inhalation.  All I'm saying, to answer your first question, to go back a few, is that your question was, if somebody had their tubes tied before they ever used talcum powder, would that negate any increased risk of ovarian cancer? And my answer was, if the tubes were tied, it couldn't migrate up, but there's still the possibility that she could have it from inhalation. That's all I'm saying.  BY MS. BROWN:  O. And I want to know what support
21 22	in lymph nodes is one potential pelvic lymph nodes near the ovary, although the		21 22	Q. And I want to know what support you rely on in forming the opinion that a
23	pelvic lymph nodes could also come from the		23	woman could inhale talcum powder that could
24	ovary in the other direction. I mean,		24	reach her ovaries and cause ovarian cancer?
		Page 207		Page 209
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	migration could lead to talc in pelvic lymph nodes.  Q. What you're referring to is a case report from 2007 that by Dr. Cramer?  A. Yes. Q. Okay. Did you know that Dr. Cramer was an expert witness for the plaintiffs?  A. I did. Q. Did you consider Dr. Cramer's work as an expert witness in evaluating and reaching the determination that his 2016 paper was high quality?  A. No. Q. The fact that Dr. Kramer is being paid by plaintiffs' lawyers in talcum powder litigation did not affect your evaluation of his 2016 article; is that		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	A. I'm going to talk say that talcum powder has been found not only in the lymph nodes but in the ovaries of women, both who report using and not using perineal talcum powder.  Q. So you're talking about the Heller study, right?  A. Yes.  Q. Okay. How does the fact that talcum powder has been potentially found in the ovaries of women who did not report using talcum powder, support your view that a woman could inhale talcum powder from perineal use and have that powder reach her ovaries and cause cancer?  A. To me it just supports the idea that talcum powder can get to the ovaries through inhalation.
20 21 22 23	right? A. No. MS. O'DELL: Object to the form. BY MS. BROWN: Order than Dr. Cramer's 2007		20 21 22 23	Q. And did you read the findings of that study as it related to whether or not the talcum powder that was allegedly found in the ovary induced an inflammatory response?  MS. O'DELL: Object to the
24	Q. Other than Dr. Cramer's 2007		24	form.

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		Page 210			Page 212
1	A. So sometimes there was an	1 uge 210	1	response or not. But what I'm going to tell	1 450 212
2	inflammatory response and sometimes not, is		2	you, I'm reading their entire results.	
3	my recollection.		3	BY MS. BROWN:	
4	BY MS. BROWN:		4	Q. I promise you I will point it	
5	Q. Okay. Let's take a look at the		5	out to you. I don't want to waste time.	
6	paper.		6	This is going to be the first thing we do	
7	A. Okay.		7	when we come back.	
8	MS. O'DELL: We've been going		8	Is it your testimony, based on	
9	about an hour and a half. It's 12:45.		9	talc causing an inflammatory response, that	
10	MS. BROWN: If we could finish		10	leads to cancer?	
11	Heller, then we can take a break.		11	A. Yes.	
12	MS. O'DELL: What do you		12	Q. And so how when talc a	
13	anticipate on Heller?		13	talc particle is found, would you expect it	
14	MS. BROWN: Ten minutes.		14	to show an inflammatory response?	
15	MS. O'DELL: Okay. Is ten		15	A. What I'm trying to say is, that	
16	minutes okay with you, Doctor?		16	I don't know the timing of the talc being	
17	THE WITNESS: Uh-huh.		17	placed and looking at the specimen, was the	
18	BY MS. BROWN:		18	entire specimen looked at. When you look at	
19	Q. Thanks, Doctor.		19	pathology slides, you look at a little piece	
20	A. So it doesn't look like they		20	of the tissue. You don't generally look at	
21	looked at inflammation.		21	the entire tissue. And so it could be that	
22	Q. Hold on one second. And one of		22	the area that was looked at did not show	
23	the things you know that this		23	inflammation and in an area that wasn't in	
24	MS. O'DELL: Are you going to		24	the slide did show inflammation.	
		Page 211			Page 213
1	mark an avhihit?	Page 211	1	O In your opinion can tale be in	Page 213
1 2	mark an exhibit?	Page 211	1 2	Q. In your opinion, can talc be in the overies and not cause inflammation?	Page 213
2	MS. BROWN: Uh-huh.	Page 211	2	the ovaries and not cause inflammation?	Page 213
2 3	MS. BROWN: Uh-huh. BY MS. BROWN:	Page 211	2 3	the ovaries and not cause inflammation?  A. No, that's not what I'm saying.	Page 213
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		Page 214			Page 216
1	Q. And this is		1	keep moving.	
2	MS. O'DELL: Excuse me, do you		2	(Witness reviews document.)	
3	have a copy for me?		3	A. Okay. Sorry, this one does not	
4	MS. BROWN: Sorry.		4	talk they don't mention any whether	
5	BY MS. BROWN:		5	they even looked for inflammation.	
6	Q. This is one of the articles		6	MS. O'DELL: Dr. Wolf, for the	
7	that you pointed me to in support of your		7	record, you were referring to	
8	opinion that talc particles can migrate to		8	Henderson '71?	
9	the ovaries, correct?		9	THE WITNESS: Yes.	
10	A. Yes.		10	BY MS. BROWN:	
11	Q. Okay. And you would agree with		11	Q. So to be clear for the record,	
12	me, though, that this study looked at whether		12	then, Dr. Wolf, in Heller '96 the case that	
13	or not the talc particles that they allegedly		13	they reported on found no evidence of a	
14	found were causing an inflammatory response,		14	response to talc, correct?	
15	right?		15	MS. O'DELL: Object to the	
16			16	form.	
17	MS. O'DELL: Object to the form.		17		
18	A. Well, in in reading that		18	A. They looked at one out of 24 cases and in that one case, they did not see	
				· · · · · · · · · · · · · · · · · · ·	
19	full paragraph, they looked at one of the		19	a response to talc.	
20	specimens for an inflammatory response, out		20	BY MS. BROWN:	
21	of 24.		21	Q. And you have no evidence that	
22	BY MS. BROWN:		22	there was anything different in the other 23	
23	Q. And the conclusion was that		23	cases. True?	
24	there was no evidence of a response to talc,		24	MS. O'DELL: Object to the	
		Page 215			Page 217
1	such as foreign body giant cell reactions or	Page 215	1	form.	Page 217
1 2	such as foreign body giant cell reactions or fibrosis in the tissue, right?	Page 215	1 2	form.  A. I don't have any evidence on	Page 217
		Page 215			Page 217
2	fibrosis in the tissue, right? A. In one out of 24.	Page 215	2	A. I don't have any evidence on	Page 217
2 3	fibrosis in the tissue, right? A. In one out of 24. Q. That wasn't my question. That	Page 215	2 3	A. I don't have any evidence on the other 23 cases.	Page 217
2 3 4	fibrosis in the tissue, right?  A. In one out of 24. Q. That wasn't my question. That was their finding, right?	Page 215	2 3 4	A. I don't have any evidence on the other 23 cases. BY MS. BROWN: Q. And in the Henderson article	Page 217
2 3 4 5	fibrosis in the tissue, right? A. In one out of 24. Q. That wasn't my question. That	Page 215	2 3 4 5	A. I don't have any evidence on the other 23 cases. BY MS. BROWN:	Page 217
2 3 4 5 6 7	fibrosis in the tissue, right?  A. In one out of 24. Q. That wasn't my question. That was their finding, right?  MS. O'DELL: Object to the form.	Page 215	2 3 4 5 6	A. I don't have any evidence on the other 23 cases. BY MS. BROWN: Q. And in the Henderson article that you just pointed us to, there's similarly no evidence about whether or not	Page 217
2 3 4 5 6	fibrosis in the tissue, right?  A. In one out of 24. Q. That wasn't my question. That was their finding, right?  MS. O'DELL: Object to the	Page 215	2 3 4 5 6 7	A. I don't have any evidence on the other 23 cases. BY MS. BROWN: Q. And in the Henderson article that you just pointed us to, there's	Page 217
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	fibrosis in the tissue, right?  A. In one out of 24. Q. That wasn't my question. That was their finding, right?  MS. O'DELL: Object to the form.  A. Their finding in one out of 24. BY MS. BROWN: Q. Do you have evidence that in the other 23 they saw evidence of an inflammatory reaction to talc?  A. I don't have any evidence that they looked at the other 23. Q. Do you have any evidence at all that talc found in the ovary produces an inflammatory response?  A. Yes. Q. And what's that? A. So I'm going to look at THE WITNESS: Can I get	Page 215	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. I don't have any evidence on the other 23 cases. BY MS. BROWN:  Q. And in the Henderson article that you just pointed us to, there's similarly no evidence about whether or not there was an inflammatory reaction. True?  A. It doesn't look like they looked.  Q. And the way we got started talking about and you would agree, based on the pleurodesis studies, that it is possible for talc to cause an inflammatory reaction that does not lead to cancer. True?  A. In the talc in pleurodesis studies, that's an acute reaction. The inflammation that is concerning to lead to cancer is a chronic reaction, not an acute reaction.  Q. And how what do you rely on	

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	Page 218		Page 220
1	MS. O'DELL: Object to the	1	A. I know he was doing some
2	form.	2	research and I wanted to hear from him about
3	A. What do I rely on for how much	3	what exactly he was looking at, how he was
4	exposure of talc? Exposure to talc over	4	studying it and what his plans were to try to
5	time, can lead to a chronic response, chronic	5	investigate in an in vitro way, the mechanism
6	inflammatory response. If you're looking	6	by which talc can cause ovarian cancer.
7	under the microscope at an ovary or something	7	Q. Would you agree that the
8	that has talc in it, in that slide you may or	8	mechanism or the proposed mechanism by which
9	may not see an inflammatory response, either	9	talc can cause ovarian cancer, is not well
10	acute or chronic, for several reasons. One,	10	understood today?
11	that if the talc has been there a long time,	11	MS. O'DELL: Object to the
12	you might be not be looking when you see	12	form.
13	obvious inflammatory response either acute or	13	A. I would agree that there are
14	chronic. The second is that you might not be	14	several lines of evidence, including all of
15	looking at every part of the specimen, to	15	the body of Dr. Saed's work, as well as
16	determine if it's just the section that	16	Dr. Shukla's paper and Dr. Buz'Zard's paper,
17	you're looking at.	17	that suggest that inflammation plays a role
18	BY MS. BROWN:	18	in the carcinogenesis of talcum powder
19	Q. Have you attempted to quantify	19	product to cause ovarian cancer. And that
20	how much exposure over time leads to the	20	the most recent work from Dr. Saed's lab,
21	chronic inflammation you were just	21	which he's not the first author but the
22	describing?	22	senior author, shows that there's a dose
23	MS. O'DELL: Object to the	23	response for the amount of talc and that it's
24	form.	24	not just inflammation that secondarily causes
	Page 219		
			Daga 221
1		1	Page 221
1	A. When I look at the literature	1	genetic changes, but there's actual genetic
2	A. When I look at the literature as a whole, again, going back to the	2	genetic changes, but there's actual genetic changes in the cells that can be
2 3	A. When I look at the literature as a whole, again, going back to the epidemiology literature that attempted to	2 3	genetic changes, but there's actual genetic changes in the cells that can be carcinogenic.
2 3 4	A. When I look at the literature as a whole, again, going back to the epidemiology literature that attempted to look at dose response, it seems like the	2 3 4	genetic changes, but there's actual genetic changes in the cells that can be carcinogenic. BY MS. BROWN:
2 3 4 5	A. When I look at the literature as a whole, again, going back to the epidemiology literature that attempted to look at dose response, it seems like the that several of the studies suggests that	2 3 4 5	genetic changes, but there's actual genetic changes in the cells that can be carcinogenic.  BY MS. BROWN:  Q. You testified earlier, I
2 3 4 5 6	A. When I look at the literature as a whole, again, going back to the epidemiology literature that attempted to look at dose response, it seems like the that several of the studies suggests that more doses, and I'm putting that in quotes	2 3 4 5 6	genetic changes, but there's actual genetic changes in the cells that can be carcinogenic.  BY MS. BROWN:  Q. You testified earlier, I believe, that the opinion that talc particles
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	Page 222			Page 224
1	MS. O'DELL: Object to the	1	BY MS. BROWN:	
2	form.	2	Q. And you would agree with me,	- 1
3	A. So my sentence here says	3	Doctor, that all of the information you cite	- 1
4	"within the gynecologic community."	4	on pages 10 and 11 was available to the	- 1
5	BY MS. BROWN:	5	International Agency for Research on Cancer	- 1
6	Q. Did you mean to exclude the	6	in 2010. True?	- 1
7	international research on cancer?	7	MS. O'DELL: Object to the	- 1
8	MS. O'DELL: Object to the	8	form.	- 1
9	form.	9	A. I'd have to look at everything	
10	A. No. I'm saying that my	10	that they reviewed to see if they reviewed	- 1
11	sentence here says it's universally accepted	11	all of that.	- 1
12	within the gynecologic community.	12	BY MS. BROWN:	- 1
13	BY MS. BROWN:	13	Q. I'm handing you what we've	- 1
14	Q. Were you aware that it's	14	marked as Exhibit 15.	- 1
15	rejected by IARC?	15	(Deposition Exhibit 13 marked	
16	MS. O'DELL: Object to the	16	for identification.)	- 1
17	form.	17	BY MS. BROWN:	- 1
18	A. My understanding is that it's	18	Q. And I want to start by	- 1
19	not rejected, that in that report that you're	19	directing your attention to page	- 1
20	referring to, which I think is the 2010	20	MS. BROWN: I'm sorry, we have	
21	report, that they that the evidence that	21	a copy for you, Counsel.	
22	they looked at, they said that it was weak,	22	BY MS. BROWN:	
23	not rejected.	23	Q. This is IARC monograph on talc,	
24		24	2010, and I want to start by directing your	
	Page 223			Page 225
1		1	attention to page 33, under the section	Page 225
1 2	BY MS. BROWN:	1 2	attention to page 33, under the section entitled "Mechanistic and other relevant	Page 225
2	BY MS. BROWN: Q. And have you looked at any	2	entitled "Mechanistic and other relevant	Page 225
2 3	BY MS. BROWN: Q. And have you looked at any additional evidence, other than that which	2 3	entitled "Mechanistic and other relevant data."	Page 225
2 3 4	BY MS. BROWN:  Q. And have you looked at any additional evidence, other than that which IARC considered, which leads you to believe	2 3 4	entitled "Mechanistic and other relevant data."  MS. O'DELL: What page?	Page 225
2 3 4 5	BY MS. BROWN:  Q. And have you looked at any additional evidence, other than that which IARC considered, which leads you to believe that it's universally accepted?	2 3 4 5	entitled "Mechanistic and other relevant data."  MS. O'DELL: What page?  THE WITNESS: Thirty-three.	Page 225
2 3 4 5 6	BY MS. BROWN:  Q. And have you looked at any additional evidence, other than that which IARC considered, which leads you to believe that it's universally accepted?  A. I'd have to look at everything	2 3 4 5 6	entitled "Mechanistic and other relevant data."  MS. O'DELL: What page?  THE WITNESS: Thirty-three.  MS. BROWN: Sorry, is that 13?	Page 225
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	Page 226			Page 228
1	A. Yes.	1	you employed to arrive at a conclusion that	1 1190 220
$\begin{array}{ c c }\hline 1\\ 2\end{array}$	Q. Okay. And you are aware that	2	is diametrically opposed to the one IARC	
3	IARC considers the strength of the evidence	3	wrote about in 2010?	
4	as it relates to a proposed mechanism for	4	MS. O'DELL: Object to the	
5	cancer, correct?	5	form.	
6	A. Yes.	6	A. I don't I don't believe it's	
7	Q. Okay. And you see here on	7	diametrically opposed and I believe that when	
8	page 33 that IARC evaluates those, using	8	I reviewed all of the evidence and from my	
9	terms such as "weak," "moderate" or "strong,"	9	own knowledge of gynecology and practicing	
10	correct?	10	and my expertise in the last 30 years and	
11	A. Yes.	11	seeing multiple patients with endometriosis	
12	Q. Okay. And IARC, if you would	12	and evidence of retrograde menstruation, that	
13	turn to page 411, evaluated the data as it	13	my opinion is that migration occurs. And	
14	relates to migration, right?	14	that I believe that it's the opinion of the	
15	MS. O'DELL: Object to the	15	general gynecology community that migration	
16	form.	16	does occur. And another reputable	
17	BY MS. BROWN:	17	institution is the FDA, who says that the	
18	Q. And I'll direct you, excuse me,	18	ability for particulates to migrate is	
19	Doctor	19	indisputable.	
20	A. Are you directing me to	20	BY MS. BROWN:	
21	something specific on this page?	21	Q. And what you're referring to is	
22	Q. I am.	22	the 2014 citizen's petition, right?	
23	A. Okay.	23	A. Yes.	
24	Q. I'll direct you to the one,	24	Q. And do you find that to be a	
	Page 227			Page 229
1	two, three fourth paragraph that begins	1	reliable authority on the review of the	
2	with "Perineal exposure."	2	literature regarding talc and ovarian cancer?	
3	A. Okay.	3	A. This is not regarding	
4	Q. And you see that IARC reports	4	necessarily regarding talc and ovarian	
5	on its review of the studies on potential	5	cancer. It's the idea that things can	
6	migration. True?	6	migrate from the perineum through the genital	
7	A. Yes.	7	tract. That's what I based my opinion on	
8	Q. And on balance, what the IARC	8	that.	
9	working group concluded was that the evidence	9	Q. We're talking about two	
10	for retrograde transport of talc to the	10	different things. You just referenced the	
11	ovaries in normal women is weak, right?	11	2014 response to a citizen's petition, right?	
12	A. Yes.	12	A. Yes.	
13	Q. And that is their lowest	13	Q. And do you and in that	
14	classification of mechanistic evidence,	14	response, the FDA went through its review of	
15	correct?	15	the literature on talc and ovarian cancer,	
16	A. Yes.	16	correct?	
17	Q. And you believe IARC is a	17	A. Yes.	
18	reputable international health agency, right?	18	Q. And do you regard that as	
19	A. Yes.	19	authoritative and reputable?	
20	Q. And so you considered its	20	MS. O'DELL: Object to the	
21	Q. And so you considered its conclusion, that the evidence for retrograde	20 21	form.	
21 22	Q. And so you considered its conclusion, that the evidence for retrograde migration is weak, right?	20 21 22	form. A. Yes.	
21	Q. And so you considered its conclusion, that the evidence for retrograde	20 21	form.	

		Page 230			Page 232
1	you're pointing to, is the FDA's statement	-	1	response to the citizen's petition by the FDA	-
2	that particles can migrate from the perineum		2	in 2014?	
3	in the vagina to the peritoneal cavity,		3	A. I'm sure I did.	
4	correct?		4	Q. And, in fact, as support for	
5	A. That's correct.		5	your opinion that talc applied on the	
6	Q. And the FDA, of course, doesn't		6	exterior of the vagina can migrate to the	
7	cite to any evidence that talc can migrate		7	ovaries, you referenced a sentence from that	
8	from the exterior of the vagina to the		8	letter, right?	
9	ovaries, correct?		9	A. That's correct.	
10	MS. O'DELL: Object to the		10	Q. Okay. But we agree that the	
11	form. If you're pointing going to		11	FDA was talking about particles generally,	
12	point Dr. Wolf to a particular part of		12	correct?	
13	the letter, then I would ask you to		13	MS. O'DELL: Object to the	
14	show it to her.		14	form.	
15	MS. BROWN: Absolutely.		15	A. The FDA was talking about	
16	MS. O'DELL: So if you need to		16	particulates in general.	
17	see the letter		17	BY MS. BROWN:	
18 19	A. Yeah, let me see the letter.		18	Q. Okay. And did you review, and	
20	MS. O'DELL: to respond to		19 20	I'll hand you what we've marked as Exhibit 14, the entirety of what the FDA had	
21	the question, please ask for it. BY MS. BROWN:		21	to say about the epidemiology and the	
22	Q. I'm going to show you the		22	evidence as it relates to talc and ovarian	
23	letter and I want to talk about it, but you		23	cancer?	
24	raised the statement about the particles,		24	cancer:	
	raised the statement about the particles,				
		Page 231			Page 233
1	right?	Page 231	1	(Deposition Exhibit 14 marked	Page 233
2	MS. O'DELL: She did. But she	Page 231	2	for identification.)	Page 233
2 3	MS. O'DELL: She did. But she doesn't have to answer questions about	Page 231	2 3	for identification.) MS. O'DELL: Object to the	Page 233
2 3 4	MS. O'DELL: She did. But she doesn't have to answer questions about the letter aside from what she said.	Page 231	2 3 4	for identification.)  MS. O'DELL: Object to the form.	Page 233
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	Page 234			Page 236
1	in April of 2014, correct?	1	MS. O'DELL: Excuse me. Object	
2	A. Yes.	2	to the form. Give me just a minute to	
3	Q. And you, Dr. Wolf, disagree	3	object. Fair enough. Sorry.	
4	with that. True?	4	A. Additionally, the	
5	A. I do.	5	meta-analysis, the Penninkilampi study that	
6	Q. Okay. And so what methodology	6	was published in 2017.	
7	did you employ to distinguish your review of	7	BY MS. BROWN:	
8	the literature from the Food and Drug	8	Q. And that didn't include any new	
9	Administration's review?	9	information, though, right? It's a	
10	A. The first thing is, is that I	10	meta-analysis of old data. True?	
11	have more literature to support my opinion	11	A. Of all of the data, some of	
12	that was not yet available for the FDA.	12	which wasn't available when the FDA wrote	
13	Q. And so tell me what that is,	13	this letter.	
14	Doctor.	14	Q. Sure. But if we're trying to	
15	A. So all of the there are	15	identify new data that you, Dr. Wolf, are	
16	three of the case report studies that I have	16	relying on that the FDA didn't have, we have	
17	referenced in my article: Wu and Cramer and	17	three case-control studies and an unpublished	
18	Schildkraut. And, in fact, Schildkraut was	18	manuscript by a plaintiffs' expert?	
19	an NCI-sponsored study of African-American	19	MS. O'DELL: Object to the	
20	women and use of talcum powder and risk of	20	excuse me, object to the form,	
21	ovarian cancer. And after it's been	21	misstates her testimony.	
22	published, the NCI did update their talcum	22	A. There's also two of the three	
23	powder on ovarian cancer, to say that this	23	cohort studies, the Nurses Health and Women's	3
24	study has shown that it increases risk of	24	Health Initiative, the Sister Study. The	
	Page 235			Page 237
1	ovarian cancer in African-American women.	1	Women's Health Initiative was published in	
2	And then the meta-analysis Penninkilampi 2018	2	2014, so they wouldn't have had it, likely	
3	was not available. The recent abstracts and	3	wouldn't have, and the Sister Study.	
4	now paper from Dr. Saed on causation was not	4	BY MS. BROWN:	
5	available.	5	Q. And what was the finding as it	
6	Q. So the three case-control	6	relates to an increased talc use in ovarian	
7	studies that you believe distinguish your	7	cancer in the Sister Study?	
8	review of the literature from the FDA's are	8	A. The Sister Study did not find a	
9	Wu 2015, Cramer 2016, and Schildkraut 2016,	9	statistically significant increase, one of	
10	correct?	10	the issues with all of the three cohort	
11	A. Yes.	11	studies is none of them are large enough to	
12	Q. In addition to a is it a	12	detect a difference and none of them looked	
13	published paper by Dr. Saed?	13	at use over time.	
14	A. It's accepted for publication	14	Q. Well, we're going to talk about	
15	and there's four abstracts.	15	that. But you'd agree that the Sister Study	
16	Q. Okay. Has it been published	16	and the follow-up to the Nurses Health Study	
17	yet, to your knowledge?	17	would not have changed the opinion of the	
18	A. It hasn't yet been published.	18	FDA, that there's not a causative link twine	
19	Q. Okay. So in addition to the	19	talcum powder and ovarian cancer	
20	three case-control studies, there is an	20	MS. O'DELL: Object to the	
21 22	unpublished paper by a plaintiffs' expert in	21	form. BY MS. BROWN:	
23	the talc litigation, that you say you're using to distinguish your review from the	22 23		
4.0	using to distinguish your review Holli the	43	Q right?	
24	FDA's review?	24	A. I'm going to say that	ı

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		Page 238			Page 240
1	indirectly they might have if they had had	<b>9</b> - 3	1	subtype, right? And I'll direct you to Table	
2	the meta-analysis by Penninkilampi, because		2	3 for that.	
3	in that meta-analysis of the cohort studies		3	MS. O'DELL: Just for you to	- 1
4	there was a statistical significantly		4	orient yourself, Doctor.	- 1
5	increase in serous carcinoma, which is the		5	THE WITNESS: Got it.	- 1
6	most common type of epithelial ovarian		6	A. Which Schildkraut?	- 1
7	cancer, that if you were going to find		7	BY MS. BROWN:	- 1
8	something in those number of women, serous		8	Q. 2016.	- 1
9	would be the most likely that you would find		9	A. 2016.	- 1
10	a significant increase when they looked at		10	MS. BROWN: I'll give you a	- 1
11 12	all of the cohort studies together.  Q. Now, of course Wu, the other		11 12	copy right now.  A. So it does show a	- 1
13	Q. Now, of course Wu, the other study that you pointed us to, found a greater		13	significant in nonserous.	- 1
14	increase in the nonserous cancers, right?		14	BY MS. BROWN:	- 1
15	THE WITNESS: Do you have Wu		15	Q. Right. And that's not	- 1
16	for me to review?		16	consistent with some of the other studies,	
17	MS. O'DELL: Yeah.		17	like Penninkilampi that you were talking	
18	A. Yeah, it's not here.		18	about earlier, correct?	- 1
19	BY MS. BROWN:		19	A. Well, what I was specifically	- 1
20	Q. I'll give you a copy, Doctor.		20	talking about Penninkilampi was the cohort	- 1
21	So we'll mark Wu as Exhibit 14.		21	studies, finding a statistical significantly	- 1
22	(Deposition Exhibit 15 marked		22	increase in serous cancers. If you look at	- 1
23	for identification.)		23	all of the studies, varying often it's	- 1
24			24	serous. It doesn't have to be serous. Some	- 1
		Page 239			Page 241
1	RV MS RROWN:	Page 239	1	of the other studies found an increase in	Page 241
1 2	BY MS. BROWN:	Page 239	1 2	of the other studies found an increase in	Page 241
2	Q. I'll direct you to page 1414,	-	2	endometrioid borderline tumors, other cell	Page 241
2 3	Q. I'll direct you to page 1414, which is the "Subgroup Analysis by Histologic	-	2 3	endometrioid borderline tumors, other cell types of ovarian tumors.	Page 241
2 3 4	Q. I'll direct you to page 1414, which is the "Subgroup Analysis by Histologic Type."	-	2 3 4	endometrioid borderline tumors, other cell types of ovarian tumors.  Q. Is it your opinion, Doctor,	Page 241
2 3 4 5	Q. I'll direct you to page 1414, which is the "Subgroup Analysis by Histologic Type."  MS. BROWN: Counsel, I have a	-	2 3	endometrioid borderline tumors, other cell types of ovarian tumors.  Q. Is it your opinion, Doctor, that talcum powder use perineally increases a	Page 241
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2 3 4 5 6	Q. I'll direct you to page 1414, which is the "Subgroup Analysis by Histologic Type."  MS. BROWN: Counsel, I have a copy for you. Page 1414. I have two,	-	2 3 4 5 6	endometrioid borderline tumors, other cell types of ovarian tumors.  Q. Is it your opinion, Doctor, that talcum powder use perineally increases a woman's risk of all different histologic types of ovarian cancer?	Page 241
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		Page 242			Page 244
1	correct?	1 age 242	1	BY MS. BROWN:	1 age 244
$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$			1 2		
3	MS. O'DELL: Object to the form.		3	Q. Sure. As a scientist evaluating data on cancer, the longer folks	
4	A. In the cohort studies, it was		4	are studied, the more available information	
5	serous. That was statistically significant.		5	there is. True?	
6	The two are not one does not negate the		6	MS. O'DELL: Object to the	
7	other. What I'm saying is that any of the		7	form.	
8	epithelial varying tumors could possibly be		8	A. That's true.	
9	increased, any cell type. This one shows		9	BY MS. BROWN:	
10	nonserous. The meta-analysis of the cohorts		10	Q. And in evaluating the body of	
11	showed serous, even though, except for the		11	literature on talc and ovarian cancer, you	
12	first report of the Nurses Health Study there		12	wouldn't want to close your eyes to some of	
13	wasn't any statistical increase in the cohort		13	the studies that include additional	
14	studies, one does not negate the other.		14	follow-up. True?	
15	BY MS. BROWN:		15	MS. O'DELL: Object to the	
16	Q. Gates was a follow-up to		16	form.	
17	Gertig's		17	A. I don't.	
18	A. Gertig yeah.		18	BY MS. BROWN:	
19	(Simultaneous discussion		19	Q. Did you know that Penninkilampi	
20	interrupted by reporter.)		20	does not include the Gates study?	
21	BY MS. BROWN:		21	A. So I'm going to look at that	
22	Q. Gates was a follow-up to		22	paper again to see why he might have left	
23	A. Gertig		23	he or she left the Gates study out.	
24	MS. O'DELL: If you would let		24	Q. And for the record, we'll mark	
	MB. C BEEE. If you would lot			Q. This for the record, we'll mark	
		Page 243			Page 245
1	her finish and vice versa, I'll do my		1	Penninkilampi as Exhibit 16 your deposition.	
2	best not to interrupt you.		2	(Deposition Exhibit 16 marked	
3	BY MS. BROWN:		3	for identification.)	
4	Q. Dr. Wolf, Gates was a follow-up		4	BY MS. BROWN:	
5	of the cohort that was followed in the Gertig		5	Q. And to help with your review,	
6	Nurses Health Study, correct?		6	Doctor, if you want to, take as much as you	
7	A. That's correct.		7	need, but page 46 lists the name of the	
8	Q. And when that cohort was		8	studies that are included and Table A was the	
9	followed longer in Gates, there was no		9	meta-analysis for ever use in ovarian cancer.	
10	association with serous cancer, correct?		10	And you agree with me that Gates 2010 is not	
11	A. That's correct.		11	included?	
12	Q. And do you agree that it's		12	MS. O'DELL: Feel free to take	
13	important, when evaluating a body of		13	a look at the paper before you answer	
14	literature, to evaluate all available		14	the questions, Doctor.	
15	information?		15	A. I see that it was not included.	
16	A. Yes.		16	BY MS. BROWN:	
17	Q. And particularly as it relates		17	Q. And in writing your report and	
18	to the follow-up of individuals who were		18	identifying Gates as one of the higher	
19	initially studied for perhaps a shorter		19	quality studies, were you aware at the time	
	period of time. Fair?		20	that Gates had omitted the follow-up to the	
20	*				
21	MS. O'DELL: Object to the		21	Nurses Health Study as published in Gates	
21 22	MS. O'DELL: Object to the form.		22	2010?	
21	MS. O'DELL: Object to the				
21	MS. O'DELL: Object to the				

## Case 3:16-md-02738-MAS-RLS Document 9733-4 Filed 05/07/19 Page 64 of 124 PageID: 34532 Judith K. Wolf, M.D.

		Page 246			Page 248
1	she referred to Gates as a	1 4.50 2 10	1	BY MS. BROWN:	1 4.50 2 10
2	high-quality study in her report.		2	Q. So your critique of the Berge	
3	MS. BROWN: Let me rephrase.		3	paper is that there's not a subgroup analysis	
4	That's my fault.		4	by histologic type?	
5	BY MS. BROWN:		5	MS. O'DELL: Object to the	
6	Q. In writing your report and		6	form.	
7	identifying Penninkilampi as one of the		7	A. That's that wasn't a	
8	higher quality studies, were you aware that		8	critique, it's a piece of information. That	
9	Penninkilampi excluded the Gates 2010		9	differently from the Penninkilampi study,	
10	follow-up to the Nurses Health Study?		10	which was looking specifically at serous	
11	A. Given that they left it out or		11	histology of the cohorts, the Berge study	
12	they didn't include it, to me it doesn't		12	didn't look at serous from the cohort	
13	negate that I think the Penninkilampi study		13	separately, they looked at serous overall	
14	is a good study. I was trying to see if		14	separately. It's just a difference. It's	
15	there was a reason why they didn't look at it		15	not a critique.	
16	and I don't see anything mentioned in their		16	BY MS. BROWN:	
17	methods or in their discussion or their		17	Q. So one of the things that	
18	results as to why they did not include it. I		18	Penninkilampi looked at was whether ever use	
19	still think the Penninkilampi is a good		19	of talc increases the risk for ovarian	
20	study.		20	cancer.	
21	Q. Okay. And you are not at all		21	A. Yes.	
22	concerned would you weigh Penninkilampi		22	Q. Do you understand that?	
23	less, given the fact that it did not include		23	A. Yes.	
24	the most complete data from the Nurses		24	Q. And that is the same question	
		Page 247			Page 249
1	Hoolth?	Page 247	1	that was investigated by Darga, correct?	Page 249
1	Health?  MS_O'DELL: Object to form	Page 247	1	that was investigated by Berge, correct?	Page 249
2	MS. O'DELL: Object to form.	Page 247	2	A. Yes.	Page 249
2 3	MS. O'DELL: Object to form.  A. I'm I can't answer that	Page 247	2 3	<ul><li>A. Yes.</li><li>Q. And Penninkilampi excluded the</li></ul>	Page 249
2 3 4	MS. O'DELL: Object to form.  A. I'm I can't answer that question because I don't know what the data	Page 247	2 3 4	A. Yes. Q. And Penninkilampi excluded the most recent data on the Nurses Health cohort	Page 249
2 3 4 5	MS. O'DELL: Object to form.  A. I'm I can't answer that question because I don't know what the data would look like if they included the study.	Page 247	2 3 4 5	A. Yes. Q. And Penninkilampi excluded the most recent data on the Nurses Health cohort and Berge included it, correct?	Page 249
2 3 4 5 6	MS. O'DELL: Object to form. A. I'm I can't answer that question because I don't know what the data would look like if they included the study. BY MS. BROWN:	Page 247	2 3 4 5 6	A. Yes. Q. And Penninkilampi excluded the most recent data on the Nurses Health cohort and Berge included it, correct? A. Yes.	Page 249
2 3 4 5 6 7	MS. O'DELL: Object to form.  A. I'm I can't answer that question because I don't know what the data would look like if they included the study.  BY MS. BROWN:  Q. Well, did you review the Berge	Page 247	2 3 4 5 6 7	A. Yes. Q. And Penninkilampi excluded the most recent data on the Nurses Health cohort and Berge included it, correct? A. Yes. MS. O'DELL: Object to the	Page 249
2 3 4 5 6 7 8	MS. O'DELL: Object to form.  A. I'm I can't answer that question because I don't know what the data would look like if they included the study.  BY MS. BROWN:  Q. Well, did you review the Berge analysis, the meta-analysis that was done	Page 247	2 3 4 5 6 7 8	A. Yes. Q. And Penninkilampi excluded the most recent data on the Nurses Health cohort and Berge included it, correct? A. Yes. MS. O'DELL: Object to the form.	Page 249
2 3 4 5 6 7 8 9	MS. O'DELL: Object to form.  A. I'm I can't answer that question because I don't know what the data would look like if they included the study. BY MS. BROWN:  Q. Well, did you review the Berge analysis, the meta-analysis that was done close to the same time?	Page 247	2 3 4 5 6 7 8 9	A. Yes. Q. And Penninkilampi excluded the most recent data on the Nurses Health cohort and Berge included it, correct? A. Yes. MS. O'DELL: Object to the form. A. And in ever use of talc in the	Page 249
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2 3 4 5 6 7 8 9 10 11	MS. O'DELL: Object to form.  A. I'm I can't answer that question because I don't know what the data would look like if they included the study.  BY MS. BROWN:  Q. Well, did you review the Berge analysis, the meta-analysis that was done close to the same time?  A. Yes.  Q. Okay. And were you aware that	Page 247	2 3 4 5 6 7 8 9 10 11	A. Yes. Q. And Penninkilampi excluded the most recent data on the Nurses Health cohort and Berge included it, correct? A. Yes. MS. O'DELL: Object to the form. A. And in ever use of talc in the cohort studies, both of them found nonothing, no significant increase.	Page 249
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	MS. O'DELL: Object to form.  A. I'm I can't answer that question because I don't know what the data would look like if they included the study.  BY MS. BROWN:  Q. Well, did you review the Berge analysis, the meta-analysis that was done close to the same time?  A. Yes.  Q. Okay. And were you aware that Berge actually did include Gates as the most recent representation of the Nurses Health cohort? We'll mark the Berge meta-analysis as Exhibit 17.  (Deposition Exhibit 17 marked for identification.)  (Witness reviews document.)  A. So what I don't see in the Berge paper is if they separated out serous for the cohort studies. They looked at serous separately in the study. What I don't	Page 247	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Yes. Q. And Penninkilampi excluded the most recent data on the Nurses Health cohort and Berge included it, correct? A. Yes. MS. O'DELL: Object to the form. A. And in ever use of talc in the cohort studies, both of them found nonothing, no significant increase. In the Penninkilampi study, which I understand does not include the Gates data, when they looked specifically at the cohort studies, there was a significant increase in serous. In the Berge study when they looked at everything, case-control and cohorts together, there was a significant increase in the risk for serous histology. BY MS. BROWN: Q. I'm sorry, say that last part	Page 249

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		Page 250			Page 252
1	Q. Uh-huh.	1 ugo 250	1	BY MS. BROWN:	1 ugo 232
1 2	<ul><li>Q. Uh-huh.</li><li>A what I'm reading here is,</li></ul>		2	Q. Even though it excludes the	
3	there is a significant increase in serous		3	most recent data from the Nurses Health	
4	histology.		4	Study. True?	
5	••		5	MS. O'DELL: Object to the	
	Q. In the case-control studies, correct?		6	form.	
6 7			7		
	A. I don't see that they separated out the case-control studies.			A. I specifically chose it because	
8			8	it's the most recent one. BY MS. BROWN:	
9	Q. In reviewing the Berge and		9		
10	Penninkilampi meta-analyses, did you pay		10	Q. Okay. And you understand that	
11	attention to the tests for heterogeneity that		11	the Berge meta-analysis was published at	
12	the authors did in terms of which studies		12	right about the same time, right?	
13	could and could not be combined?		13	MS. O'DELL: Object to the	
14	A. In which study are you asking		14	form.	
15	me about? I'm sorry. I'm still distracted		15	A. I have to look at the exact	
16	by the Berge one here.		16	date.	
17	Q. Do you understand the concept		17	MS. BROWN: We need to change	
18	of heterogeneity in meta-analysis?		18	the tape, so let's go off for a	
19	A. Yes.		19	second.	
20	Q. Okay. And so you understand		20	THE VIDEOGRAPHER: Going off	
21	that there are certain studies that can		21	the record. The time is 2:21 p.m.	
22	because of their study design cannot be		22	(Recess taken from 2:21 p.m. to	
23	combined, correct?		23	2:26 p.m.)	
24	A. Yes.		24	THE VIDEOGRAPHER: This marks	
		Page 251			Page 253
1	Q. And in evaluating the	Page 251	1	the beginning of disk 3. Back on the	Page 253
1 2	Š	Page 251	1 2	the beginning of disk 3. Back on the record. The time is 2:26 p.m.	Page 253
2	Penninkilampi meta-analysis and the Berge	Page 251		the beginning of disk 3. Back on the record. The time is 2:26 p.m. BY MS. BROWN:	Page 253
2 3	Penninkilampi meta-analysis and the Berge meta-analysis, did you undertake an effort to	Page 251	2	record. The time is 2:26 p.m. BY MS. BROWN:	Page 253
2 3 4	Penninkilampi meta-analysis and the Berge	Page 251	2 3 4	record. The time is 2:26 p.m. BY MS. BROWN: Q. Dr. Wolf, before we took a	Page 253
2 3 4 5	Penninkilampi meta-analysis and the Berge meta-analysis, did you undertake an effort to evaluate the heterogeneity of the studies that were combined in those two	Page 251	2 3	record. The time is 2:26 p.m. BY MS. BROWN: Q. Dr. Wolf, before we took a break, we were discussing the difference	Page 253
2 3 4	Penninkilampi meta-analysis and the Berge meta-analysis, did you undertake an effort to evaluate the heterogeneity of the studies that were combined in those two meta-analyses?	Page 251	2 3 4 5	record. The time is 2:26 p.m. BY MS. BROWN: Q. Dr. Wolf, before we took a break, we were discussing the difference between Penninkilampi and the Berge	Page 253
2 3 4 5 6 7	Penninkilampi meta-analysis and the Berge meta-analysis, did you undertake an effort to evaluate the heterogeneity of the studies that were combined in those two meta-analyses?  A. And compare the two, is that	Page 251	2 3 4 5 6 7	record. The time is 2:26 p.m. BY MS. BROWN: Q. Dr. Wolf, before we took a break, we were discussing the difference between Penninkilampi and the Berge meta-analyses. I want to direct your	Page 253
2 3 4 5 6	Penninkilampi meta-analysis and the Berge meta-analysis, did you undertake an effort to evaluate the heterogeneity of the studies that were combined in those two meta-analyses?  A. And compare the two, is that what you're asking me?	Page 251	2 3 4 5 6	record. The time is 2:26 p.m. BY MS. BROWN: Q. Dr. Wolf, before we took a break, we were discussing the difference between Penninkilampi and the Berge	Page 253
2 3 4 5 6 7 8	Penninkilampi meta-analysis and the Berge meta-analysis, did you undertake an effort to evaluate the heterogeneity of the studies that were combined in those two meta-analyses?  A. And compare the two, is that what you're asking me?	Page 251	2 3 4 5 6 7 8	record. The time is 2:26 p.m. BY MS. BROWN: Q. Dr. Wolf, before we took a break, we were discussing the difference between Penninkilampi and the Berge meta-analyses. I want to direct your attention to page 42 of the Penninkilampi	Page 253
2 3 4 5 6 7 8	Penninkilampi meta-analysis and the Berge meta-analysis, did you undertake an effort to evaluate the heterogeneity of the studies that were combined in those two meta-analyses?  A. And compare the two, is that what you're asking me?  Q. Sure. Here's what I'm after,	Page 251	2 3 4 5 6 7 8 9	record. The time is 2:26 p.m. BY MS. BROWN: Q. Dr. Wolf, before we took a break, we were discussing the difference between Penninkilampi and the Berge meta-analyses. I want to direct your attention to page 42 of the Penninkilampi article.	Page 253
2 3 4 5 6 7 8 9	Penninkilampi meta-analysis and the Berge meta-analysis, did you undertake an effort to evaluate the heterogeneity of the studies that were combined in those two meta-analyses?  A. And compare the two, is that what you're asking me?  Q. Sure. Here's what I'm after, Doctor. I understand that you made a	Page 251	2 3 4 5 6 7 8 9 10	record. The time is 2:26 p.m. BY MS. BROWN: Q. Dr. Wolf, before we took a break, we were discussing the difference between Penninkilampi and the Berge meta-analyses. I want to direct your attention to page 42 of the Penninkilampi article. A. That's in this one. Page 42.	Page 253
2 3 4 5 6 7 8 9 10 11	Penninkilampi meta-analysis and the Berge meta-analysis, did you undertake an effort to evaluate the heterogeneity of the studies that were combined in those two meta-analyses?  A. And compare the two, is that what you're asking me?  Q. Sure. Here's what I'm after, Doctor. I understand that you made a determination Penninkilampi is one of the	Page 251	2 3 4 5 6 7 8 9 10 11	record. The time is 2:26 p.m. BY MS. BROWN: Q. Dr. Wolf, before we took a break, we were discussing the difference between Penninkilampi and the Berge meta-analyses. I want to direct your attention to page 42 of the Penninkilampi article. A. That's in this one. Page 42. Q. And in the first paragraph on	Page 253
2 3 4 5 6 7 8 9 10 11 12	Penninkilampi meta-analysis and the Berge meta-analysis, did you undertake an effort to evaluate the heterogeneity of the studies that were combined in those two meta-analyses?  A. And compare the two, is that what you're asking me?  Q. Sure. Here's what I'm after, Doctor. I understand that you made a determination Penninkilampi is one of the more high-quality studies?	Page 251	2 3 4 5 6 7 8 9 10 11 12	record. The time is 2:26 p.m. BY MS. BROWN: Q. Dr. Wolf, before we took a break, we were discussing the difference between Penninkilampi and the Berge meta-analyses. I want to direct your attention to page 42 of the Penninkilampi article. A. That's in this one. Page 42. Q. And in the first paragraph on the left-hand column, one of the things the	Page 253
2 3 4 5 6 7 8 9 10 11 12 13	Penninkilampi meta-analysis and the Berge meta-analysis, did you undertake an effort to evaluate the heterogeneity of the studies that were combined in those two meta-analyses?  A. And compare the two, is that what you're asking me?  Q. Sure. Here's what I'm after, Doctor. I understand that you made a determination Penninkilampi is one of the more high-quality studies?  A. Yes.	Page 251	2 3 4 5 6 7 8 9 10 11 12 13	record. The time is 2:26 p.m. BY MS. BROWN: Q. Dr. Wolf, before we took a break, we were discussing the difference between Penninkilampi and the Berge meta-analyses. I want to direct your attention to page 42 of the Penninkilampi article. A. That's in this one. Page 42. Q. And in the first paragraph on the left-hand column, one of the things the authors of Penninkilampi note, is that the	Page 253
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2 3 4 5 6 7 8 9 10 11 12 13 14 15	Penninkilampi meta-analysis and the Berge meta-analysis, did you undertake an effort to evaluate the heterogeneity of the studies that were combined in those two meta-analyses?  A. And compare the two, is that what you're asking me?  Q. Sure. Here's what I'm after, Doctor. I understand that you made a determination Penninkilampi is one of the more high-quality studies?  A. Yes.  Q. And I want to understand your	Page 251	2 3 4 5 6 7 8 9 10 11 12 13 14 15	record. The time is 2:26 p.m. BY MS. BROWN: Q. Dr. Wolf, before we took a break, we were discussing the difference between Penninkilampi and the Berge meta-analyses. I want to direct your attention to page 42 of the Penninkilampi article. A. That's in this one. Page 42. Q. And in the first paragraph on the left-hand column, one of the things the authors of Penninkilampi note, is that the majority of the evidence as it relates to perineal talc use in ovarian cancer has come	Page 253
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Penninkilampi meta-analysis and the Berge meta-analysis, did you undertake an effort to evaluate the heterogeneity of the studies that were combined in those two meta-analyses?  A. And compare the two, is that what you're asking me?  Q. Sure. Here's what I'm after, Doctor. I understand that you made a determination Penninkilampi is one of the more high-quality studies?  A. Yes.  Q. And I want to understand your methodology in selecting Penninkilampi as a higher quality study than Berge.  MS. O'DELL: Object to the form.  A. So when I look at all of the meta-analyses, they all show a significant increase in the risk of ovarian cancer with	Page 251	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	record. The time is 2:26 p.m. BY MS. BROWN: Q. Dr. Wolf, before we took a break, we were discussing the difference between Penninkilampi and the Berge meta-analyses. I want to direct your attention to page 42 of the Penninkilampi article. A. That's in this one. Page 42. Q. And in the first paragraph on the left-hand column, one of the things the authors of Penninkilampi note, is that the majority of the evidence as it relates to perineal talc use in ovarian cancer has come from case-control studies, correct? MS. O'DELL: Where are you reading? A. Where are you reading? BY MS. BROWN: Q. "The evidence for the	Page 253
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Penninkilampi meta-analysis and the Berge meta-analysis, did you undertake an effort to evaluate the heterogeneity of the studies that were combined in those two meta-analyses?  A. And compare the two, is that what you're asking me?  Q. Sure. Here's what I'm after, Doctor. I understand that you made a determination Penninkilampi is one of the more high-quality studies?  A. Yes.  Q. And I want to understand your methodology in selecting Penninkilampi as a higher quality study than Berge.  MS. O'DELL: Object to the form.  A. So when I look at all of the meta-analyses, they all show a significant	Page 251	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	record. The time is 2:26 p.m. BY MS. BROWN: Q. Dr. Wolf, before we took a break, we were discussing the difference between Penninkilampi and the Berge meta-analyses. I want to direct your attention to page 42 of the Penninkilampi article. A. That's in this one. Page 42. Q. And in the first paragraph on the left-hand column, one of the things the authors of Penninkilampi note, is that the majority of the evidence as it relates to perineal talc use in ovarian cancer has come from case-control studies, correct? MS. O'DELL: Where are you reading? A. Where are you reading? BY MS. BROWN:	Page 253
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		Page 254			Page 256
1	of these have been retrospective case-control		1	biostatistician, correct?	
2	studies prone to recall bias."		2	A. No.	
3	Do you see that?		3	Q. Okay. Did you perform a power	
4	A. I see that.		4	calculation on any of the studies that you	
5	Q. And do you agree with that,		5	reviewed?	
6	Doctor, that most of the case-control studies		6	A. I did not, but Dr. Narod	
7	that you evaluated and that form the body of		7	published a paper where he actually looked at	
8	epidemiology on talc and ovarian cancer are		8	that question and estimated that it would	
9	prone to recall bias?		9	take about 200,000 women to answer the	
10	MS. O'DELL: Object to the		10	question, and none of these studies have	
11	form.		11	that.	
12	A. I don't agree with that		12	Q. And have you calculated how	
13	statement. I do agree that one concern of		13	many women were studied in all of the	
14	case-control studies is recall bias. I		14	prospective studies and whether or not that	
15	believe that was acknowledged in most, if not		15	was more or less than 200,000?	
16	all, of the case-control studies and felt not		16	A. Well, if you look at all of	
17	to be an issue. And I looked at that, but		17	them together, putting them together, there	
18	the weight of the evidence suggests that most		18	are more than 200,000.	
19	of the studies showed a relationship.		19	Q. And did that inform your	
20	Also in a rare disease like		20	opinion that the prospective studies how	
21	ovarian cancer, although a prospective study		21	did you consider that fact in making the	
22	would be might be give us more		22	statement that the cohort studies are limited	
23	information, the number of women and the		23	by a lack of power?	
24	amount of time that it would take to do a		24	A. Because each individual study	
		D 055			
1		Page 255			Page 257
1	prospective study makes it challenging and	Page 255	1		Page 257
1 2	prospective study makes it challenging, and that's one of the challenges with all of the	Page 255	1 2	is limited by lack of power. And two of the	Page 257
2	that's one of the challenges with all of the	Page 255	2	is limited by lack of power. And two of the three studies are limited by the amount of	Page 257
2 3	that's one of the challenges with all of the cohort studies. None of them are big enough	Page 255	2 3	is limited by lack of power. And two of the three studies are limited by the amount of follow-up and all of the studies are limited	
2 3 4	that's one of the challenges with all of the cohort studies. None of them are big enough and most of them are not followed long	Page 255	2 3 4	is limited by lack of power. And two of the three studies are limited by the amount of follow-up and all of the studies are limited by the documentation of how much how often	
2 3 4 5	that's one of the challenges with all of the cohort studies. None of them are big enough and most of them are not followed long enough.	Page 255	2 3 4 5	is limited by lack of power. And two of the three studies are limited by the amount of follow-up and all of the studies are limited by the documentation of how much how ofter and how frequent powder was used. The	
2 3 4	that's one of the challenges with all of the cohort studies. None of them are big enough and most of them are not followed long enough.  And so case-control studies are	Page 255	2 3 4	is limited by lack of power. And two of the three studies are limited by the amount of follow-up and all of the studies are limited by the documentation of how much how ofter and how frequent powder was used. The short of the Sister Study, the primary	
2 3 4 5 6 7	that's one of the challenges with all of the cohort studies. None of them are big enough and most of them are not followed long enough.  And so case-control studies are what the best way to study a rare disease	Page 255	2 3 4 5 6	is limited by lack of power. And two of the three studies are limited by the amount of follow-up and all of the studies are limited by the documentation of how much how ofter and how frequent powder was used. The short of the Sister Study, the primary endpoints of the Nurses Health Study and the	
2 3 4 5 6	that's one of the challenges with all of the cohort studies. None of them are big enough and most of them are not followed long enough.  And so case-control studies are what the best way to study a rare disease like this. And given the consistency in the	Page 255	2 3 4 5 6 7	is limited by lack of power. And two of the three studies are limited by the amount of follow-up and all of the studies are limited by the documentation of how much how ofter and how frequent powder was used. The short of the Sister Study, the primary endpoints of the Nurses Health Study and the Women's Health Study were not to look at the	
2 3 4 5 6 7 8	that's one of the challenges with all of the cohort studies. None of them are big enough and most of them are not followed long enough.  And so case-control studies are what the best way to study a rare disease	Page 255	2 3 4 5 6 7 8	is limited by lack of power. And two of the three studies are limited by the amount of follow-up and all of the studies are limited by the documentation of how much how ofter and how frequent powder was used. The short of the Sister Study, the primary endpoints of the Nurses Health Study and the Women's Health Study were not to look at the relationship of talc and ovarian cancer. It	
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2 3 4 5 6 7 8 9 10 11 12 13	that's one of the challenges with all of the cohort studies. None of them are big enough and most of them are not followed long enough.  And so case-control studies are what the best way to study a rare disease like this. And given the consistency in the findings, although recall bias can occur, I don't believe it after my review of the entire literature, I'm not concerned that recall bias had an effect on the results.  BY MS. BROWN:	Page 255	2 3 4 5 6 7 8 9 10 11 12 13	is limited by lack of power. And two of the three studies are limited by the amount of follow-up and all of the studies are limited by the documentation of how much how ofter and how frequent powder was used. The short of the Sister Study, the primary endpoints of the Nurses Health Study and the Women's Health Study were not to look at the relationship of talc and ovarian cancer. It was a secondary add-on study that was done while the studies were ongoing. So they weren't designed to answer that question.  Q. Did you consider the published	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	that's one of the challenges with all of the cohort studies. None of them are big enough and most of them are not followed long enough.  And so case-control studies are what the best way to study a rare disease like this. And given the consistency in the findings, although recall bias can occur, I don't believe it after my review of the entire literature, I'm not concerned that recall bias had an effect on the results.  BY MS. BROWN:  Q. You state in your report on page 8, that all of the cohort studies are limited by lack of power.	Page 255	2 3 4 5 6 7 8 9 10 11 12 13 14	is limited by lack of power. And two of the three studies are limited by the amount of follow-up and all of the studies are limited by the documentation of how much how ofter and how frequent powder was used. The short of the Sister Study, the primary endpoints of the Nurses Health Study and the Women's Health Study were not to look at the relationship of talc and ovarian cancer. It was a secondary add-on study that was done while the studies were ongoing. So they weren't designed to answer that question.  Q. Did you consider the published power calculation done by Berge?	
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	Page 258			Page 260
1 Q. I'll direct your attention,	1 age 236	1	MS. O'DELL: Excuse me, when	1 age 200
1 Q. I'll direct your attention, 2 then, Doctor, to page 6 of the Berge paper		2	you say "here," are you referring to	
3 It looks like you might have a different	•	3	your report?	
4 version than I do, but page 6 of the		4	A. In my report, under "Summary of	
5 publication, second column, first paragrap	ah.	5	Epidemiological Evidence" on page 8.	
	011		BY MS. BROWN:	
		6		
7 A. What part of the paper is it		7	Q. And one of the things, Doctor,	
8 in?		8	you provided a site that meta-analyses can be	
9 Q. The discussion section.		9	some of the highest form of epidemiological	
10 A. Okay.		10	evidence, correct?	
11 Q. It's my third paragraph of the		11	A. Yes.	
12 discussion section.		12	Q. And the Penninkilampi study	
13 A. Gotcha.		13	that you pointed to was one of the highest	
Q. And let me just read this into		14	MS. O'DELL: Why don't we go	
15 the record to expedite us here. "An		15	off the record.	
16 important feature of the present		16	MS. BROWN: Let's try to keep	
17 meta-analysis is the inclusion of several		17	going.	
18 cohort studies, which enabled an analysis		18	BY MS. BROWN:	
19 stratified by study design. This analysis		19	Q. The Penninkilampi study that	
20 provided evidence of a heterogeneity of		20	you pointed to as one of the higher quality	
results between the two groups of studies		21	studies is, in fact, a meta-analysis,	
with an association generally detected in		22	correct?	
23 case-control studies but not in cohort		23	A. That's correct.	
studies. It should be noted that the cohort		24	Q. And you are certainly not	
	Page 259			Page 261
1 studies included in the meta-analysis		1	meaning to suggest that there's something	
2 comprised of a total of 429 cases of ovaria	an	2	improper about pooling or combining data in a	
3 cancer exposed to genital talc and 943		3	meta-analysis, correct?	
4 unexposed: The statistical power of the		4	MS. O'DELL: Object to the	
5 meta-analysis of these cohort studies to		5	form.	
6 detect a relative risk of 1.25, similar to		6	A. I don't believe I ever said	
7 the result of the meta-analysis of		7	anything about negative about a	
8 case-control studies, was .99. Thus, low		8	meta-analysis.	
9 power of cohort studies cannot be invoked	d as	9	BY MS. BROWN:	
an explanation of the heterogeneity of the		10	Q. Do you did you consider	
11 results."		11	Berge's power calculation of the pooled	
12 Did you consider Berge's power		12	prospective cohorts when you opined as you	
13 calculation when you made the statement	in	13	did in your report on page 8, that all of the	
your report, that all of the cohort studies	111	14	cohort studies are limited by lack of power?	
15 are limited by lack of power?		15	MS. O'DELL: Object to the	
16 A. My statement is in relationship		16	form.	
17 into each study on their own, not all of the	em	17	A. The two are not comparing the	
18 together. And my statement about the lac		18	1 0	
,			same thing. His power analysis is looking at	
	DACAN:	19	the pooled analysis. My statement was	
power for all over, my opinion about that		20	maganding and him district and and the second	
based on Narod's paper of needing 200,00		20	regarding each individual cohort study on its	
based on Narod's paper of needing 200,00 women. But this is about this is this	0	21	own.	
<ul> <li>based on Narod's paper of needing 200,00</li> <li>women. But this is about this is this</li> <li>statement here is about each study on thei</li> </ul>	0	21 22	own. BY MS. BROWN:	
based on Narod's paper of needing 200,00 women. But this is about this is this	0	21	own.	

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		Page 262			Page 264
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	detect a relative risk of 1.25?  A. I see that Berge says that in his discussion. I'm not a statistician. I'd have to I'm not sure I could answer that and I guess I'm going to ask you to do you think there's enough power in the pooled prospective cohorts to detect a relative risk of 1.25? I'm going to say possibly. I don't know.  Q. In identifying Penninkilampi as one of the higher quality studies, did you do an independent verification that the data Penninkilampi reports in his article is indeed accurate?  A. Are you my understanding of what you're asking me is, did I recalculate the results? Is that what you're asking me?  Q. No. I'm asking you, for example, on page 46 of Penninkilampi we have them as exhibits, if that makes it easier.  A. No, I okay. Page 46.  Q. Penninkilampi reports studies,		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. In evaluating the Penninkilampi meta-analysis and the Berge analysis, explain to me how you weighted both of them.  MS. O'DELL: Object to the form.  A. When I was looking at all of the meta-analysis, including the Berge and the Penninkilampi, to me it all of them showed a positive correlation between genital talcum powder use and ovarian cancer. I chose the most recent one to include in my report.  BY MS. BROWN:  Q. Other than the fact that Penninkilampi was the most recent, is there any reason any other reason you didn't include Berge in your report?  MS. O'DELL: Object to the form.  A. Was there any other reason I didn't include Berge? BY MS. BROWN: Q. Correct.	
24	a purported odds ratio, a lower limit and an		24	A. The reason I chose	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	upper limit. Do you see that?  A. Yeah. Q. Did you go back to the individual studies to verify that Penninkilampi was correct in that reporting? A. Oh, that in these charts? Q. Correct. A. That every I did not. Q. Would it be important to you in determining that a study is of high quality, that the authors accurately report the odds ratios and the confidence intervals?  A. It would, but it's not my routine or standard for me to go back and re-review the odds ratios of every paper to confirm that. I would assume that is part of the peer-review process that has happened. Q. And if there were, in fact, errors in the reporting of the odds ratios or the confidence intervals, would that call into question your reliance on the study?  A. I would want to see it recalculated, if there were if there were errors.	Page 263	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Penninkilampi was because it was the most recent. And in my interpretation of the meta-analysis, they all show a positive correlation, so I just wanted to show the most recent.  Q. And you'll agree with me that both meta-analyses or the Berge meta-analysis shows no increased risk in the cohorts, correct?  A. No increased risk in the cohort pooled cohorts in the Berge paper.  Q. And if you consider the Gates study as the most recent data available on the Nurses Health cohort, you'll agree with me there is no evidence at all in the prospective cohorts of any increased risk of ovarian cancer with talc use. True?  MS. O'DELL: Object to the form.  A. With the the other issues with the cohort studies is they ask ever use, not current use, length of use, time of use. Both the Gates and Gertig and the Houghton, the Women's Health Initiative, those studies	Page 265

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Page 266  were not designed to be able to ask those questions and so we can't have that			Page 268
2 questions and so we can't have that	1	that might get at the answer, two of the	1 age 200
	2	three by not being designed to answer that	
3 information. And so the limitations of the	3	question. And so with those caveats, they	
4 cohort studies, as as I said before,	4	saw no statistically significant increase in	
5 individually, lack of power, not making the	5	ovarian cancer with talcum powder use	
6 correct queries and short follow-up, except	6	reported as ever use.	
7 the second follow-up of Gates, but that's	7	BY MS. BROWN:	
8 only one study and it's still not large	8	Q. What's your methodology for	
9 enough.	9	do you weight the cohorts and the case	
10 BY MS. BROWN:	10	controls equally in your analysis?	
11 Q. That wasn't my question. My	11	MS. O'DELL: Objection to the	
12 question was, if you consider Gates as the	12	form.	
most recent data on the Nurses Health cohort,	13	A. I consider all of the evidence,	
14 you would agree with me that there is no	14	not only the epidemiologic evidence but the	
15 evidence in any of the prospective studies	15	causation evidence, the animal in the in	
16 that shows a statistically significant	16	vitro data as a whole and formed my opinion.	
17 increased risk of ovarian cancer with	17	BY MS. BROWN:	
18 perineal task use. True?	18	Q. My question was, do you weight	
19 MS. O'DELL: Object to the	19	the case controls equally to the cohorts?	
20 form.	20	MS. O'DELL: Objection, asked	
21 A. I would say that all the	21	and answered.	
22 cohorts or cohort studies have the same	22	You may answer it.	
23 limitations, not large enough, not asking the	23	A. I look at the entire evidence,	
24 right questions, and the only one that	24	all the epidemiologic evidence, as well as	
<i>B</i> • 1 · · · · · · · · · · · · · · · · · ·	<u> </u>	1	
Page 267			Page 269
1 doesn't have the shortest short follow-up,	1	the in vitro and in vivo evidence and made my	
2 which it still may not be long enough, is the	2	decision.	
3 Nurses Health Study. And with those caveats,	3	BY MS. BROWN:	
4 there was no statistically significant	4	Q. Are you not understanding that	
5 increase in ovarian cancer in perineal talcum	5	question?	
6 powder use. But given that ovarian cancer's	6	MS. O'DELL: Counselor, you can	
7 a rare disease and with those caveats, I'm	7	ask the questions, but she's given you	
8 not sure that they're designed to answer the	8	an answer. Just because you don't	
9 question. So it doesn't say to me there	9	like the answer doesn't mean she	
10 isn't a risk.	10	didn't answer the question.	
11 BY MS. BROWN:	11	MS. BROWN: I've heard the same	
12 Q. But that wasn't my question.	12	answer nine times. The question is	
13 My question was just, there is not a single	13	MS. O'DELL: You're asking the	
14 prospective study that shows an increased	14	question over and over again.	
15 migls of oxyging ganger with talayer marridge	15	MS. BROWN: You're wasting so	
15 risk of ovarian cancer with talcum powder	16	much time.	
16 use. That's it. It's yes or no.	17	BY MS. BROWN:	
<ul> <li>use. That's it. It's yes or no.</li> <li>MS. O'DELL: Excuse me. No,</li> </ul>		Q. My question really just goes to	
<ul> <li>use. That's it. It's yes or no.</li> <li>MS. O'DELL: Excuse me. No,</li> <li>it's not. Objection to form. You may</li> </ul>	18		
16 use. That's it. It's yes or no. 17 MS. O'DELL: Excuse me. No, 18 it's not. Objection to form. You may 19 answer it in any way you choose,	19	weight. Okay. I understand you marked at	
16 use. That's it. It's yes or no. 17 MS. O'DELL: Excuse me. No, 18 it's not. Objection to form. You may 19 answer it in any way you choose, 20 Dr. Wolf.	19 20	weight. Okay. I understand you marked at the beginning of the deposition weight of the	
16 use. That's it. It's yes or no. 17 MS. O'DELL: Excuse me. No, 18 it's not. Objection to form. You may 19 answer it in any way you choose, 20 Dr. Wolf. 21 A. The studies are all limited by	19 20 21	weight. Okay. I understand you marked at	
use. That's it. It's yes or no.  MS. O'DELL: Excuse me. No,  it's not. Objection to form. You may answer it in any way you choose, Dr. Wolf.  A. The studies are all limited by lack of power, by short follow-up in two of	19 20	weight. Okay. I understand you marked at the beginning of the deposition weight of the	
16 use. That's it. It's yes or no. 17 MS. O'DELL: Excuse me. No, 18 it's not. Objection to form. You may 19 answer it in any way you choose, 20 Dr. Wolf. 21 A. The studies are all limited by	19 20 21	weight. Okay. I understand you marked at the beginning of the deposition weight of the evidence from UpToDate. Do you remember	

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1		Page 270			Page 272
1	you did this analysis did you sive agual	1 age 270	1	:4	Tage 272
1 2	you did this analysis, did you give equal weight to the cohorts and the case controls?		1 2	it. (Deposition Exhibit 18 marked	
3	MS. O'DELL: Objection to the		3	for identification.)	
4	preamble, which was incorrect, but you		4	BY MS. BROWN:	
5	<u> </u>		5	Q. I'm handing you what we've	
6	may answer.  A. So I weighted every piece of		6	marked as Exhibit 18 to your deposition,	
7	evidence not separating by the type of study,		7	which is a printout from the NCI's website,	
8			8	entitled "Ovarian, Fallopian Tube and Primary	
9	but looking at the strengths and the		9	Peritoneal Cancer Prevention, Health	
10	weaknesses of the study and then together put the evidence to make my opinion.		10	· · · · · · · · · · · · · · · · · · ·	
11	BY MS. BROWN:		11	Professional Version." Do you see that, Doctor?	
12			12	A. Yes.	
13	Q. On page 3 of your report,				
14	Doctor, you reference the National Cancer		13 14	Q. And during your work as a	
15	Institute and that's the public health		15	gynecologic oncologist, did you look to the	
16	authority's definition of a risk factor. Do			NCI for information on how to treat your patients?	
17	you remember that? A. Yes.		16 17	1	
18			18	A. Occasionally, but not routinely.	
19	Q. Fair to say one of the reasons you reference the National Cancer Institute		19	· · · · · · · · · · · · · · · · · · ·	
20	is that you consider it to be a leading		20	Q. Do you consider the National Cancer Institute to be a reliable source of	
21	public health authority, particularly when it		21	information on cancer epidemiology?	
22	comes to cancer?		22	MS. O'DELL: Object to the	
23	MS. O'DELL: Object to the		23	form.	
24	form.		24	A. I consider it a reliable source	
27	Torni.		27	71. I consider it a remadic source	
		Page 271			Page 273
1	A. Specifically here, I reference	Page 271	1	on cancer as a whole. And again, to me	Page 273
1 2	A. Specifically here, I reference the National Cancer Institute because of	Page 271	1 2	on cancer as a whole. And again, to me it's it's one of the pieces of evidence	Page 273
		Page 271			Page 273
2	the National Cancer Institute because of	Page 271	2	it's it's one of the pieces of evidence	Page 273
2 3	the National Cancer Institute because of their definition of "associations" versus "causative" risk factors. BY MS. BROWN:	Page 271	2 3	it's it's one of the pieces of evidence that I might look to to find some	Page 273
2 3 4	the National Cancer Institute because of their definition of "associations" versus "causative" risk factors.	Page 271	2 3 4	it's it's one of the pieces of evidence that I might look to to find some information. BY MS. BROWN: Q. And what the National Cancer	Page 273
2 3 4 5	the National Cancer Institute because of their definition of "associations" versus "causative" risk factors. BY MS. BROWN:	Page 271	2 3 4 5	it's it's one of the pieces of evidence that I might look to to find some information. BY MS. BROWN:	Page 273
2 3 4 5 6 7 8	the National Cancer Institute because of their definition of "associations" versus "causative" risk factors.  BY MS. BROWN:  Q. And you consider the National Cancer Institute to be a leading public health authority. True?	Page 271	2 3 4 5 6 7 8	it's it's one of the pieces of evidence that I might look to to find some information.  BY MS. BROWN:  Q. And what the National Cancer Institute has done here is evaluate risk factors for ovarian cancer, correct?	Page 273
2 3 4 5 6 7 8 9	the National Cancer Institute because of their definition of "associations" versus "causative" risk factors.  BY MS. BROWN:  Q. And you consider the National Cancer Institute to be a leading public health authority. True?  MS. O'DELL: Objection to the	Page 271	2 3 4 5 6 7 8 9	it's it's one of the pieces of evidence that I might look to to find some information.  BY MS. BROWN:  Q. And what the National Cancer Institute has done here is evaluate risk factors for ovarian cancer, correct?  A. Yes.	Page 273
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		Page 274			Page 276
1	evidence of an increased risk is talcum	1 450 217	1	BY MS. BROWN:	1 450 270
2	powder use, correct?		2	Q. Let's reorient ourselves now	
3	A. That's correct.		3	that we're all on the same page. The	
4	Q. And what the National Cancer		4	National Cancer Institute has classified	
5	Institute does, is it identifies some area		5	perineal talc exposure as a factor with	
6	where there's uncertainty in terms of a risk		6	inadequate evidence of an association with	
7	factor, right?		7	ovarian cancer, correct?	
8	A. Yes.		8	MS. O'DELL: Object to the	
9	Q. And so on page 7 of 21, for		9	form.	
10	example, they identify infertility treatment		10	A. It's listed under factors with	
11	as an area of uncertainty, correct?		11	inadequate evidence, that's correct.	
12	A. Yes.		12	BY MS. BROWN:	
13	Q. And when it comes to perineal		13	Q. All right. And the National	
14	talc use, however, the National Cancer		14	Cancer Institute has factors with adequate	
15	Institute has determined that that is a		15	evidence, right?	
16	factor with inadequate evidence of an		16	A. Yes.	
17	association of the risk of ovarian cancer,		17	Q. We just looked at some.	
18	correct?		18	A. Yes.	
19	MS. O'DELL: Object to the		19	Q. It has factors with uncertain	
20	form.		20	evidence, right?	
21	A. That's where they placed it in		21	A. Yes.	
22	this, yes.		22	Q. And then it has factors with	
23	BY MS. BROWN:		23	inadequate evidence, and that includes	
24	Q. And directing your attention to		24	perineal talc exposure, correct?	
				r	
		Page 275			Page 277
1					
1	page 14 of 21, what the National Cancer		1	A. That's correct.	
2	Institute has concluded is that, "The weight		2	<ul><li>A. That's correct.</li><li>MS. O'DELL: Object to the</li></ul>	
2 3	Institute has concluded is that, "The weight of the evidence does not support an			MS. O'DELL: Object to the form.	
2 3 4	Institute has concluded is that, "The weight of the evidence does not support an association between perineal talc exposure		2 3 4	MS. O'DELL: Object to the form. BY MS. BROWN:	
2 3 4 5	Institute has concluded is that, "The weight of the evidence does not support an association between perineal talc exposure and an increased risk of ovarian cancer.		2 3	MS. O'DELL: Object to the form. BY MS. BROWN: Q. And what the National Cancer	
2 3 4 5 6	Institute has concluded is that, "The weight of the evidence does not support an association between perineal talc exposure and an increased risk of ovarian cancer. Results from case-control and cohort studies		2 3 4 5 6	MS. O'DELL: Object to the form. BY MS. BROWN: Q. And what the National Cancer Institute has determined here is that the	
2 3 4 5 6 7	Institute has concluded is that, "The weight of the evidence does not support an association between perineal talc exposure and an increased risk of ovarian cancer. Results from case-control and cohort studies are inconsistent."		2 3 4 5 6 7	MS. O'DELL: Object to the form. BY MS. BROWN: Q. And what the National Cancer Institute has determined here is that the weight of the evidence does not support an	
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Institute has concluded is that, "The weight of the evidence does not support an association between perineal talc exposure and an increased risk of ovarian cancer. Results from case-control and cohort studies are inconsistent."  Do you see that?  MS. O'DELL: Object to the form. Can I just ask where you're reading from? You said page 21.  A. Yeah, I don't see that.  BY MS. BROWN:  Q. Page 14 of 21.  MS. O'DELL: We don't have 21.  We have 18 pages.  A. And page 14 is references.  BY MS. BROWN:  Q. You have a different version than I do. I'll get you there. Right here, perineal talc exposure.		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	MS. O'DELL: Object to the form.  BY MS. BROWN:  Q. And what the National Cancer Institute has determined here is that the weight of the evidence does not support an association between perineal talc exposure and an increased risk of ovarian cancer.  A. That's the part I don't Q. Results A. That's where I'm trying to find  Q. Let me read it and then I'm going to help you.  "Results from case-control and cohort studies are inconsistent." And what I'm reading are the first two lines of the perineal talc exposure section.  A. Okay. Okay. What's your question?	

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	Page 278			Page 280
1				1 age 280
1	Q. And tell me what methodology	1	opinion. It's my experience that in order to	
2	you have employed that is different from the	2	get someone like the National Cancer	
3	weight of the evidence approach, referenced	3	Institute or some other guideline to suggest	
4	here by the National Cancer Institute.	4	something, there's generally a lag of several	
5	A. So I see that the National	5	years between publication of all the	
6	Cancer Institute has referenced five	6	literature and when the committee changes	
7	articles. So one of the things is that I	7	something. An example of that is that the	
8	believe that my review of the entire body of	8	Schildkraut paper was published in 2016. It	
9	literature is much broader than five	9	wasn't until the end of 2018 that they	
10	articles. And when I look at the most recent	10	included it.	
11	article, they do have one article from 2016,	11	Q. Dr. Wolf, are you aware of any	
12	which is the Schildkraut data, which is	12	public health authority that has concluded	
13	they just now at the end of 2018, added that	13	talcum powder causes ovarian cancer?	
14	data into theirs. So I would say there's	14	MS. O'DELL: Object to the	
15	other data that they either didn't have when	15	form.	
16	they did the review or didn't include when	16	A. I'm aware that IARC has	
17	they did the review.	17	considered that talc is possibly	
18	Q. And in offering that opinion,	18	carcinogenic, that asbestos is carcinogenic.	
19	have you considered, Doctor, that according	19	BY MS. BROWN:	
20	to this document from the NCI, board members	20	Q. IARC has not concluded that	
21	meet monthly to review recently published	21	talc causes ovarian cancer, correct?	
22	articles? I'll point you to the section	22	MS. O'DELL: Object to the	
23	entitled "About This PDQ Summary," at the	23	form.	
24	very end, under the section "Reviewers and	24	A. One of the reasons for the	- 1
	Page 279			Page 281
1	Page 279  Lindates " do you see the National Cancer	1	raviaty of tale was the concern of overign	Page 281
1	Updates," do you see the National Cancer	1	review of talc was the concern of ovarian	Page 281
2	Updates," do you see the National Cancer Institute's	2	cancer. The fact that they have considered	Page 281
2 3	Updates," do you see the National Cancer Institute's A. I see that.	2 3	cancer. The fact that they have considered it possibly carcinogenic, to me is an	Page 281
2 3 4	Updates," do you see the National Cancer Institute's A. I see that. Q board members meeting	2 3 4	cancer. The fact that they have considered it possibly carcinogenic, to me is an indication that they think it's possibly	Page 281
2 3 4 5	Updates," do you see the National Cancer Institute's A. I see that. Q board members meeting monthly to review recently published	2 3 4 5	cancer. The fact that they have considered it possibly carcinogenic, to me is an indication that they think it's possibly carcinogenic.	Page 281
2 3 4 5 6	Updates," do you see the National Cancer Institute's A. I see that. Q board members meeting monthly to review recently published articles, right?	2 3 4 5 6	cancer. The fact that they have considered it possibly carcinogenic, to me is an indication that they think it's possibly carcinogenic. BY MS. BROWN:	Page 281
2 3 4 5 6 7	Updates," do you see the National Cancer Institute's A. I see that. Q board members meeting monthly to review recently published articles, right? A. Yes.	2 3 4 5 6 7	cancer. The fact that they have considered it possibly carcinogenic, to me is an indication that they think it's possibly carcinogenic.  BY MS. BROWN:  Q. Okay. Let's break that up.	Page 281
2 3 4 5 6 7 8	Updates," do you see the National Cancer Institute's A. I see that. Q board members meeting monthly to review recently published articles, right? A. Yes. MS. O'DELL: Object to the	2 3 4 5 6 7 8	cancer. The fact that they have considered it possibly carcinogenic, to me is an indication that they think it's possibly carcinogenic.  BY MS. BROWN:  Q. Okay. Let's break that up.  Are you aware of any public health authority	Page 281
2 3 4 5 6 7 8 9	Updates," do you see the National Cancer Institute's A. I see that. Q board members meeting monthly to review recently published articles, right? A. Yes. MS. O'DELL: Object to the form.	2 3 4 5 6 7 8	cancer. The fact that they have considered it possibly carcinogenic, to me is an indication that they think it's possibly carcinogenic.  BY MS. BROWN:  Q. Okay. Let's break that up.  Are you aware of any public health authority that agrees with your opinion that talcum	Page 281
2 3 4 5 6 7 8 9	Updates," do you see the National Cancer Institute's A. I see that. Q board members meeting monthly to review recently published articles, right? A. Yes. MS. O'DELL: Object to the form. BY MS. BROWN:	2 3 4 5 6 7 8 9	cancer. The fact that they have considered it possibly carcinogenic, to me is an indication that they think it's possibly carcinogenic.  BY MS. BROWN:  Q. Okay. Let's break that up.  Are you aware of any public health authority that agrees with your opinion that talcum powder causes ovarian cancer?	Page 281
2 3 4 5 6 7 8 9 10	Updates," do you see the National Cancer Institute's A. I see that. Q board members meeting monthly to review recently published articles, right? A. Yes. MS. O'DELL: Object to the form. BY MS. BROWN: Q. And we see at the very last	2 3 4 5 6 7 8 9 10	cancer. The fact that they have considered it possibly carcinogenic, to me is an indication that they think it's possibly carcinogenic.  BY MS. BROWN:  Q. Okay. Let's break that up.  Are you aware of any public health authority that agrees with your opinion that talcum powder causes ovarian cancer?  MS. O'DELL: Object to the	Page 281
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Updates," do you see the National Cancer Institute's A. I see that. Q board members meeting monthly to review recently published articles, right? A. Yes. MS. O'DELL: Object to the form. BY MS. BROWN: Q. And we see at the very last page, that this particular document was updated a few weeks ago in December 21st of 2018? A. Yes. Q. Okay. Do you have any other scientific evidence or methodology that would distinguish your review of the literature from the folks at the National Cancer Institute? A. I'm going to go back to the review of the entire body of the literature.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	cancer. The fact that they have considered it possibly carcinogenic, to me is an indication that they think it's possibly carcinogenic.  BY MS. BROWN:  Q. Okay. Let's break that up.  Are you aware of any public health authority that agrees with your opinion that talcum powder causes ovarian cancer?  MS. O'DELL: Object to the form.  A. When I formed my opinion, I looked at all of the data that was available to me, including the data as recent as December. The Canada health assessment, the Taher paper. And I believe that my opinion is based on a greater weight of the evidence than the review of the National Cancer Institute or anything that was available prior to this for a body to review. And if I go back to the talc and IARC study, even with	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Updates," do you see the National Cancer Institute's A. I see that. Q board members meeting monthly to review recently published articles, right? A. Yes. MS. O'DELL: Object to the form. BY MS. BROWN: Q. And we see at the very last page, that this particular document was updated a few weeks ago in December 21st of 2018? A. Yes. Q. Okay. Do you have any other scientific evidence or methodology that would distinguish your review of the literature from the folks at the National Cancer Institute? A. I'm going to go back to the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	cancer. The fact that they have considered it possibly carcinogenic, to me is an indication that they think it's possibly carcinogenic.  BY MS. BROWN:  Q. Okay. Let's break that up.  Are you aware of any public health authority that agrees with your opinion that talcum powder causes ovarian cancer?  MS. O'DELL: Object to the form.  A. When I formed my opinion, I looked at all of the data that was available to me, including the data as recent as December. The Canada health assessment, the Taher paper. And I believe that my opinion is based on a greater weight of the evidence than the review of the National Cancer Institute or anything that was available prior to this for a body to review. And if I	

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		Page 282			Page 284
1	was possibly saminosania	1 age 202	1	animant?	1 age 204
1 2	was possibly carcinogenic. BY MS. BROWN:		1 2	correct? A. Yes.	ı
3	Q. IARC did not consider three of		3	Q. And IARC has and done has	ı
4	the four prospective cohort studies that		4	and does make that determination as it	ı
5	showed no increased risk of with talcum		5	relates to certain substances, correct?	ı
6	powder, true?		6	A. Yes.	ı
7	A. They also did not show		7	Q. Okay. IARC has not determined	ı
8	include any paper that was published after		8	that nonasbestiform talc is strike that.	ı
9	2007.		9	IARC has not determined that	ı
10	Q. And that would include three of		10	there is sufficient evidence that	ı
11	the four prospective cohort studies that		11	nonasbestiform talc causes ovarian cancer,	
12	showed no risk, right?		12	correct?	
13	A. That would include anything		13	MS. O'DELL: Object to the	ı
14	published after 2007.		14	form.	ı
15	Q. And as I understand your		15	A. In the IARC opinion on talc,	
16	testimony as it relates to the National		16	platy talc, what was assumed to be platy talc	
17	Cancer Institute, you believe that despite		17	without any fibrous contamination, the score	
18	the fact that the NCI updated its position as		18	was 2B, which is possibly carcinogenic.	
19	recently as a few weeks ago, they have not		19	BY MS. BROWN:	ı
20	reviewed the most latest literature. Is that		20	Q. And in explaining what IARC	ı
21	your testimony?		21	means by "possibly carcinogenic," IARC	ı
22	MS. O'DELL: Object to the		22	explains that chance, bias or confounding	ı
23	form.		23	can't be ruled out with reasonable	ı
24	A. I'm saying that I don't know if		24	confidence, correct?	
		Page 283			Page 285
1	they have. The most recent literature that	Page 283	1	A That's correct	Page 285
1 2	they have. The most recent literature that	Page 283	1	A. That's correct.	Page 285
2	they cited is two years old.	Page 283	2	Q. And you think as it relates to	Page 285
2 3	they cited is two years old. BY MS. BROWN:	Page 283	2 3	Q. And you think as it relates to IARC's interpretation of epidemiology,	Page 285
2 3 4	they cited is two years old. BY MS. BROWN: Q. And what literature do you	Page 283	2 3 4	Q. And you think as it relates to IARC's interpretation of epidemiology, they're wrong, right?	Page 285
2 3 4 5	they cited is two years old. BY MS. BROWN: Q. And what literature do you think has come out in the next in the last	Page 283	2 3 4 5	Q. And you think as it relates to IARC's interpretation of epidemiology, they're wrong, right?  MS. O'DELL: Object to the	Page 285
2 3 4 5 6	they cited is two years old. BY MS. BROWN: Q. And what literature do you think has come out in the next in the last two years that IARC excuse me, that NCI,	Page 283	2 3 4 5 6	Q. And you think as it relates to IARC's interpretation of epidemiology, they're wrong, right?  MS. O'DELL: Object to the form.	Page 285
2 3 4 5 6 7	they cited is two years old. BY MS. BROWN: Q. And what literature do you think has come out in the next in the last two years that IARC excuse me, that NCI, despite a publication last month, did not	Page 283	2 3 4 5 6 7	Q. And you think as it relates to IARC's interpretation of epidemiology, they're wrong, right?  MS. O'DELL: Object to the form.  A. I think that they made the	Page 285
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# Case 3:16-md-02738-MAS-RLS Document 9733-4 Filed 05/07/19 Page 74 of 124 PageID: 34542 Judith K. Wolf, M.D.

	Page 286			Page 288
1	Bradford Hill criteria?	1	right?	1 450 200
2	A. Yes.	2	A. Yes.	
3	Q. And is that the criteria you	3	Q. Okay. There had been prior	
4	evaluated the literature with here too?	4	case-control studies in that same relative	
5	A. I actually I didn't know	5	risk range, correct?	
6	that's what I was doing until I read the	6	A. Yes.	
7	Bradford Hill criteria paper myself and	7	Q. Okay. There was nothing new or	
8	realized that that's what I do when I review	8	different about the relative risks shown in	
9	the literature and it fit very nicely into	9	the most recent case-control studies,	
10	that criteria. So in my report, yes.	10	correct?	
11	Q. As a practicing gynecologic	11	MS. O'DELL: Object to the	
12	oncologist, you don't use the epidemiologic	12	form.	
13	tool of Bradford Hill criteria; is that fair?	13	A. There was additional it's	
14	MS. O'DELL: Object to the	14	just confirmation and of the same	
15	form.	15	information, showing consistency, which is	
16	A. In my general practice, I don't	16	one of the tenets of the Bradford Hill	
17	use the Bradford Hill criteria, specifically	17	criteria.	
18	calling it that, but all of those criteria	18	BY MS. BROWN:	
19	are what I use when I evaluate something.	19	Q. And, in fact, there's no	
20	BY MS. BROWN:	20	consistency with the findings of the	
21	Q. And you understand that when	21	prospective studies, right?	
22	the scientists at IARC evaluate whether or	22	MS. O'DELL: Object to the	
23	not a substance is carcinogenic, they too	23	form.	
24	employ the Bradford Hill criteria, correct?	24	A. The three cohort studies, I'll	
-				
	Daga 207			Dogg 200
1	Page 287			Page 289
1	A. Yes.	1	say once again, had limitations which I don't	Page 289
2	<ul><li>A. Yes.</li><li>Q. Okay. Is there something</li></ul>	2	think allowed us to answer the question about	Page 289
2 3	<ul><li>A. Yes.</li><li>Q. Okay. Is there something different in your mind, about how you</li></ul>	2 3	think allowed us to answer the question about talc and ovarian cancer, the size, the	Page 289
2 3 4	A. Yes. Q. Okay. Is there something different in your mind, about how you employed Bradford Hill and how IARC employed	2 3 4	think allowed us to answer the question about talc and ovarian cancer, the size, the information about use and the follow-up.	Page 289
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Yes. Q. Okay. Is there something different in your mind, about how you employed Bradford Hill and how IARC employed Bradford Hill? A. We had different information. Q. And the different information you're referring to are some additional case-control studies and additional meta-analysis? A. And cohort studies and in inflammatory papers, causation papers that weren't published before 2007. Q. And you would agree with me that  MS. O'DELL: Excuse me, published before 2007? THE WITNESS: Were not. Were not. BY MS. BROWN: Q. You would agree with me that	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	think allowed us to answer the question about talc and ovarian cancer, the size, the information about use and the follow-up.  BY MS. BROWN:  Q. In your review of the literature, did you make the determination that the case-control studies asked different questions about use than the prospective studies?  A. The case-control studies, many of them, asked more specific questions and were able to obtain more information.  Q. Is it you state in your report that the case-control studies are consistent, right?  A. Yes.  Q. And they are not when you look at the case-control studies and the cohort studies, though, there is not consistency, correct?	Page 289
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Yes. Q. Okay. Is there something different in your mind, about how you employed Bradford Hill and how IARC employed Bradford Hill? A. We had different information. Q. And the different information you're referring to are some additional case-control studies and additional meta-analysis? A. And cohort studies and in inflammatory papers, causation papers that weren't published before 2007. Q. And you would agree with me that  MS. O'DELL: Excuse me, published before 2007? THE WITNESS: Were not. Were not.  BY MS. BROWN: Q. You would agree with me that the general relative risks seen in the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	think allowed us to answer the question about talc and ovarian cancer, the size, the information about use and the follow-up.  BY MS. BROWN:  Q. In your review of the literature, did you make the determination that the case-control studies asked different questions about use than the prospective studies?  A. The case-control studies, many of them, asked more specific questions and were able to obtain more information.  Q. Is it you state in your report that the case-control studies are consistent, right?  A. Yes.  Q. And they are not when you look at the case-control studies and the cohort studies, though, there is not consistency, correct?  MS. O'DELL: Object to the	Page 289
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Yes. Q. Okay. Is there something different in your mind, about how you employed Bradford Hill and how IARC employed Bradford Hill? A. We had different information. Q. And the different information you're referring to are some additional case-control studies and additional meta-analysis? A. And cohort studies and in inflammatory papers, causation papers that weren't published before 2007. Q. And you would agree with me that  MS. O'DELL: Excuse me, published before 2007? THE WITNESS: Were not. Were not. BY MS. BROWN: Q. You would agree with me that	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	think allowed us to answer the question about talc and ovarian cancer, the size, the information about use and the follow-up.  BY MS. BROWN:  Q. In your review of the literature, did you make the determination that the case-control studies asked different questions about use than the prospective studies?  A. The case-control studies, many of them, asked more specific questions and were able to obtain more information.  Q. Is it you state in your report that the case-control studies are consistent, right?  A. Yes.  Q. And they are not when you look at the case-control studies and the cohort studies, though, there is not consistency, correct?	Page 289

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	•	Page 290		Page 292
1	epidemiologic data as a whole, as well as all	1 450 270	1	BY MS. BROWN:
2	of the rest of the data about causation and		2	Q. One of the studies you pointed
3	the makeup and the chemicals the		3	us to as a high quality study was the Wu
4	components of talcum powder product, it's		4	study, right?
5	all it's consistent to me, the weight of		5	A. Yes.
6	the evidence is consistent.		6	Q. And one of the things that's
7	BY MS. BROWN:		7	reported in the Wu study and that you know as
8	Q. Prospective studies have not		8	a practicing gynecological oncologist, is
9	found an increased risk, correct?		9	that the incident rate of ovarian cancer is
10	MS. O'DELL: Object to the		10	much lower in African-American women than it
11	form.		11	is in Whites, correct?
12	A. Prospective studies have		12	A. That's correct.
13	limitations, which I have described multiple		13	Q. And one of the things that Wu
14	times, size, follow-up, length of follow-up,		14	reports is that talcum powder use is much
15	information about talc use. And given those		15	higher in African-American women than in
16	caveats, they have not shown a statistical		16	Whites, correct?
17	increase significant increase in ovarian		17	A. That's correct.
18	cancer.		18	Q. And how do you reconcile those
19	BY MS. BROWN:		19	two facts, Doctor, that the population that
20	Q. And you state that in your		20	has the highest use of talcum powder has the
21	report at page 6, "Overall, the case-control		21	lowest incidence of ovarian cancer?
22	studies are consistent showing a 30-50		22	A. Well, if we could pull up the
23	percent increase in risk of ovarian cancer		23	Wu study, I don't recall how many
24	with talcum powder use."		24	African-American women were in that study,
	with taledin powder use.			Timetal Timetreal women were in that study,
		Page 291		Page 293
1	Do you see that?		1	but the number was, I believe, small.
2	A. Yes.		2	Q. Welt, wasn't this one of the
3	Q. Okay. And are you referring to		3	studies you identified as being particularly
4	ever use and ovarian cancer?		4	high quality?
5	A. I'm referring to however it was		5	A. Yes.
_	reported in the case-control studies.		_	11. 103.
6	reported in the case-control studies.		6	Q. Okay.
6	Q. Have you done an analysis of			<ul><li>Q. Okay.</li><li>A. Just because it didn't have a</li></ul>
	<b>.</b> .		6	Q. Okay.
7	Q. Have you done an analysis of		6 7	<ul><li>Q. Okay.</li><li>A. Just because it didn't have a</li></ul>
7 8	Q. Have you done an analysis of the case-control studies to see what the		6 7 8	<ul><li>Q. Okay.</li><li>A. Just because it didn't have a</li><li>lot of African-American patients doesn't make</li></ul>
7 8 9 10 11	Q. Have you done an analysis of the case-control studies to see what the finding is when the same question is asked?  A. So I, personally, haven't.  That's where I point to the meta-analysis, to		6 7 8 9	Q. Okay. A. Just because it didn't have a lot of African-American patients doesn't make it doesn't make it not a good study; it's
7 8 9 10 11 12	Q. Have you done an analysis of the case-control studies to see what the finding is when the same question is asked?  A. So I, personally, haven't.  That's where I point to the meta-analysis, to look at specific questions about how which		6 7 8 9 10	Q. Okay. A. Just because it didn't have a lot of African-American patients doesn't make it doesn't make it not a good study; it's just a fact.
7 8 9 10 11 12 13	Q. Have you done an analysis of the case-control studies to see what the finding is when the same question is asked?  A. So I, personally, haven't.  That's where I point to the meta-analysis, to look at specific questions about how which questions were asked.		6 7 8 9 10 11	Q. Okay. A. Just because it didn't have a lot of African-American patients doesn't make it doesn't make it not a good study; it's just a fact. Q. But your critique of the cohort studies is that they didn't have enough people, right?
7 8 9 10 11 12	Q. Have you done an analysis of the case-control studies to see what the finding is when the same question is asked?  A. So I, personally, haven't.  That's where I point to the meta-analysis, to look at specific questions about how which		6 7 8 9 10 11 12	<ul> <li>Q. Okay.</li> <li>A. Just because it didn't have a</li> <li>lot of African-American patients doesn't make</li> <li>it doesn't make it not a good study; it's</li> <li>just a fact.</li> <li>Q. But your critique of the cohort</li> <li>studies is that they didn't have enough</li> </ul>
7 8 9 10 11 12 13 14 15	Q. Have you done an analysis of the case-control studies to see what the finding is when the same question is asked?  A. So I, personally, haven't.  That's where I point to the meta-analysis, to look at specific questions about how which questions were asked.		6 7 8 9 10 11 12 13	Q. Okay. A. Just because it didn't have a lot of African-American patients doesn't make it doesn't make it not a good study; it's just a fact. Q. But your critique of the cohort studies is that they didn't have enough people, right?
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7 8 9 10 11 12 13 14 15	Q. Have you done an analysis of the case-control studies to see what the finding is when the same question is asked?  A. So I, personally, haven't.  That's where I point to the meta-analysis, to look at specific questions about how which questions were asked.  Q. And are you aware that when you look at the ever used question in the		6 7 8 9 10 11 12 13 14 15	Q. Okay. A. Just because it didn't have a lot of African-American patients doesn't make it doesn't make it not a good study; it's just a fact. Q. But your critique of the cohort studies is that they didn't have enough people, right? A. For a primary analysis. This is a secondary point of African-Americans.
7 8 9 10 11 12 13 14 15 16	Q. Have you done an analysis of the case-control studies to see what the finding is when the same question is asked?  A. So I, personally, haven't.  That's where I point to the meta-analysis, to look at specific questions about how which questions were asked.  Q. And are you aware that when you look at the ever used question in the case-control studies, the majority of those		6 7 8 9 10 11 12 13 14 15 16	Q. Okay. A. Just because it didn't have a lot of African-American patients doesn't make it doesn't make it not a good study; it's just a fact. Q. But your critique of the cohort studies is that they didn't have enough people, right? A. For a primary analysis. This is a secondary point of African-Americans. When you look at the Schildkraut study, which
7 8 9 10 11 12 13 14 15 16 17 18 19	Q. Have you done an analysis of the case-control studies to see what the finding is when the same question is asked?  A. So I, personally, haven't.  That's where I point to the meta-analysis, to look at specific questions about how which questions were asked.  Q. And are you aware that when you look at the ever used question in the case-control studies, the majority of those studies do not show an increased risk?		6 7 8 9 10 11 12 13 14 15 16 17	Q. Okay. A. Just because it didn't have a lot of African-American patients doesn't make it doesn't make it not a good study; it's just a fact. Q. But your critique of the cohort studies is that they didn't have enough people, right? A. For a primary analysis. This is a secondary point of African-Americans. When you look at the Schildkraut study, which was specifically for African-Americans, there
7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. Have you done an analysis of the case-control studies to see what the finding is when the same question is asked?  A. So I, personally, haven't.  That's where I point to the meta-analysis, to look at specific questions about how which questions were asked.  Q. And are you aware that when you look at the ever used question in the case-control studies, the majority of those studies do not show an increased risk?  MS. O'DELL: Object to the		6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. Okay. A. Just because it didn't have a lot of African-American patients doesn't make it doesn't make it not a good study; it's just a fact. Q. But your critique of the cohort studies is that they didn't have enough people, right? A. For a primary analysis. This is a secondary point of African-Americans. When you look at the Schildkraut study, which was specifically for African-Americans, there was a significant increase.
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. Have you done an analysis of the case-control studies to see what the finding is when the same question is asked?  A. So I, personally, haven't.  That's where I point to the meta-analysis, to look at specific questions about how which questions were asked.  Q. And are you aware that when you look at the ever used question in the case-control studies, the majority of those studies do not show an increased risk?  MS. O'DELL: Object to the form.		6 7 8 9 10 11 12 13 14 15 16 17 18 19	Q. Okay. A. Just because it didn't have a lot of African-American patients doesn't make it doesn't make it not a good study; it's just a fact. Q. But your critique of the cohort studies is that they didn't have enough people, right? A. For a primary analysis. This is a secondary point of African-Americans. When you look at the Schildkraut study, which was specifically for African-Americans, there was a significant increase. Q. The primary focus of the Wu
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Have you done an analysis of the case-control studies to see what the finding is when the same question is asked?  A. So I, personally, haven't.  That's where I point to the meta-analysis, to look at specific questions about how which questions were asked.  Q. And are you aware that when you look at the ever used question in the case-control studies, the majority of those studies do not show an increased risk?  MS. O'DELL: Object to the form.  A. Which is one of the limitations		6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. Okay. A. Just because it didn't have a lot of African-American patients doesn't make it doesn't make it not a good study; it's just a fact. Q. But your critique of the cohort studies is that they didn't have enough people, right? A. For a primary analysis. This is a secondary point of African-Americans. When you look at the Schildkraut study, which was specifically for African-Americans, there was a significant increase. Q. The primary focus of the Wu paper was whether African-American women had
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. Have you done an analysis of the case-control studies to see what the finding is when the same question is asked?  A. So I, personally, haven't.  That's where I point to the meta-analysis, to look at specific questions about how which questions were asked.  Q. And are you aware that when you look at the ever used question in the case-control studies, the majority of those studies do not show an increased risk?  MS. O'DELL: Object to the form.  A. Which is one of the limitations of prospective studies because they only		6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. Okay. A. Just because it didn't have a lot of African-American patients doesn't make it doesn't make it not a good study; it's just a fact. Q. But your critique of the cohort studies is that they didn't have enough people, right? A. For a primary analysis. This is a secondary point of African-Americans. When you look at the Schildkraut study, which was specifically for African-Americans, there was a significant increase. Q. The primary focus of the Wu paper was whether African-American women had an increased risk of talcum powder use.
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Have you done an analysis of the case-control studies to see what the finding is when the same question is asked?  A. So I, personally, haven't.  That's where I point to the meta-analysis, to look at specific questions about how which questions were asked.  Q. And are you aware that when you look at the ever used question in the case-control studies, the majority of those studies do not show an increased risk?  MS. O'DELL: Object to the form.  A. Which is one of the limitations of prospective studies because they only asked ever used without details about how		6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Okay. A. Just because it didn't have a lot of African-American patients doesn't make it doesn't make it not a good study; it's just a fact. Q. But your critique of the cohort studies is that they didn't have enough people, right? A. For a primary analysis. This is a secondary point of African-Americans. When you look at the Schildkraut study, which was specifically for African-Americans, there was a significant increase. Q. The primary focus of the Wu paper was whether African-American women had an increased risk of talcum powder use. A. This is not the right Wu paper.

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	Page 294		Page 296
1	THE WITNESS: I don't have the	1	how many were African-American. There were
2	right Wu paper.	2	128.
3	MS. O'DELL: Just a second	3	BY MS. BROWN:
4	here.	4	Q. 1700? Are you looking at Wu?
5	BY MS. BROWN:	5	A. Yes.
6	Q. Is that what you're looking	6	MS. O'DELL: Her testimony was
7	for, Doctor? We can mark it.	7	not was 128.
8	A. Yes, this is the one.	8	A. 128 African-Americans.
9	MS. O'DELL: Thank you.	9	BY MS. BROWN:
10	BY MS. BROWN:	10	Q. I misheard you.
11	Q. Let me just stick 19 on that	11	A. 1700 women total. Of those,
12	for you.	12	128 were African-American, most of them were
13	(Deposition Exhibit 19 marked	13	non-Hispanic/White. So that study isn't
14	for identification.)	14	powered to answer the question about
15	BY MS. BROWN:	15	African-Americans and the relationship of
16	Q. Doctor, I have marked for the	16	talcum powder and ovarian cancer. It's not
17	record as Exhibit 19, the Wu article we've	17	enough.
18	been discussing. And my question for you	18	Q. We're missing each other. I
19	here is how what methodology you employed	19	want you to put this study aside. I'm asking
20	to reconcile some of the facts that are	20	you a question about facts that are reported
21	reported in Wu; namely, that African-American	21	here that you know as a gynecologic
22	women had the lowest incidence of ovarian	22	oncologist. One of the those facts, you'll
23	cancer and the highest incidence of talcum	23	agree with me, is that African-American women
24	powder use?	24	have a lower incidence of ovarian cancer than
	Page 295		Page 297
1			
1 1	A. So the title of the Wu paper	1	white women, right?
$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	A. So the title of the Wu paper says, "African-Americans and Hispanics Remain	1 2	white women, right? MS. O'DELL: Object to the
2	says, "African-Americans and Hispanics Remain	2	white women, right?  MS. O'DELL: Object to the form.
2 3	says, "African-Americans and Hispanics Remain at Lower Risk of Ovarian Cancer," but when		MS. O'DELL: Object to the
2 3 4	says, "African-Americans and Hispanics Remain at Lower Risk of Ovarian Cancer," but when you read the purpose of this study, it was to	2 3 4	MS. O'DELL: Object to the form.
2 3	says, "African-Americans and Hispanics Remain at Lower Risk of Ovarian Cancer," but when you read the purpose of this study, it was to elucidate risk factors for disease and to	2 3	MS. O'DELL: Object to the form. A. Yes. BY MS. BROWN:
2 3 4 5	says, "African-Americans and Hispanics Remain at Lower Risk of Ovarian Cancer," but when you read the purpose of this study, it was to elucidate risk factors for disease and to evaluate differences across across	2 3 4 5	MS. O'DELL: Object to the form. A. Yes. BY MS. BROWN: Q. Okay. And one of the things
2 3 4 5 6 7	says, "African-Americans and Hispanics Remain at Lower Risk of Ovarian Cancer," but when you read the purpose of this study, it was to elucidate risk factors for disease and to evaluate differences across across Hispanics.	2 3 4 5 6	MS. O'DELL: Object to the form. A. Yes. BY MS. BROWN:
2 3 4 5 6	says, "African-Americans and Hispanics Remain at Lower Risk of Ovarian Cancer," but when you read the purpose of this study, it was to elucidate risk factors for disease and to evaluate differences across across Hispanics.	2 3 4 5 6 7	MS. O'DELL: Object to the form. A. Yes. BY MS. BROWN: Q. Okay. And one of the things you know from reading Wu, because they report it, is that African-American women are
2 3 4 5 6 7 8	says, "African-Americans and Hispanics Remain at Lower Risk of Ovarian Cancer," but when you read the purpose of this study, it was to elucidate risk factors for disease and to evaluate differences across across Hispanics.  Q. Sure.	2 3 4 5 6 7 8	MS. O'DELL: Object to the form. A. Yes. BY MS. BROWN: Q. Okay. And one of the things you know from reading Wu, because they report it, is that African-American women are traditionally higher talcum powder users than
2 3 4 5 6 7 8 9	says, "African-Americans and Hispanics Remain at Lower Risk of Ovarian Cancer," but when you read the purpose of this study, it was to elucidate risk factors for disease and to evaluate differences across across Hispanics.  Q. Sure. A. But not specifically	2 3 4 5 6 7 8 9	MS. O'DELL: Object to the form. A. Yes. BY MS. BROWN: Q. Okay. And one of the things you know from reading Wu, because they report it, is that African-American women are
2 3 4 5 6 7 8 9	says, "African-Americans and Hispanics Remain at Lower Risk of Ovarian Cancer," but when you read the purpose of this study, it was to elucidate risk factors for disease and to evaluate differences across across Hispanics.  Q. Sure. A. But not specifically African-Americans.	2 3 4 5 6 7 8 9 10	MS. O'DELL: Object to the form. A. Yes. BY MS. BROWN: Q. Okay. And one of the things you know from reading Wu, because they report it, is that African-American women are traditionally higher talcum powder users than white women, right?
2 3 4 5 6 7 8 9 10 11	says, "African-Americans and Hispanics Remain at Lower Risk of Ovarian Cancer," but when you read the purpose of this study, it was to elucidate risk factors for disease and to evaluate differences across across Hispanics.  Q. Sure. A. But not specifically African-Americans. Q. No, Doctor, I'm using the	2 3 4 5 6 7 8 9 10 11	MS. O'DELL: Object to the form. A. Yes. BY MS. BROWN: Q. Okay. And one of the things you know from reading Wu, because they report it, is that African-American women are traditionally higher talcum powder users than white women, right? A. Yes.
2 3 4 5 6 7 8 9 10 11 12	says, "African-Americans and Hispanics Remain at Lower Risk of Ovarian Cancer," but when you read the purpose of this study, it was to elucidate risk factors for disease and to evaluate differences across across Hispanics.  Q. Sure. A. But not specifically African-Americans. Q. No, Doctor, I'm using the information reported in this study that you	2 3 4 5 6 7 8 9 10 11 12	MS. O'DELL: Object to the form. A. Yes. BY MS. BROWN: Q. Okay. And one of the things you know from reading Wu, because they report it, is that African-American women are traditionally higher talcum powder users than white women, right? A. Yes. Q. And so what methodology have
2 3 4 5 6 7 8 9 10 11 12 13	says, "African-Americans and Hispanics Remain at Lower Risk of Ovarian Cancer," but when you read the purpose of this study, it was to elucidate risk factors for disease and to evaluate differences across across Hispanics.  Q. Sure. A. But not specifically African-Americans. Q. No, Doctor, I'm using the information reported in this study that you identified as high quality to pose a	2 3 4 5 6 7 8 9 10 11 12 13	MS. O'DELL: Object to the form. A. Yes. BY MS. BROWN: Q. Okay. And one of the things you know from reading Wu, because they report it, is that African-American women are traditionally higher talcum powder users than white women, right? A. Yes. Q. And so what methodology have you employed in opining that talcum powder
2 3 4 5 6 7 8 9 10 11 12 13 14	says, "African-Americans and Hispanics Remain at Lower Risk of Ovarian Cancer," but when you read the purpose of this study, it was to elucidate risk factors for disease and to evaluate differences across across Hispanics.  Q. Sure. A. But not specifically African-Americans. Q. No, Doctor, I'm using the information reported in this study that you identified as high quality to pose a commonsense question for you. Which is that,	2 3 4 5 6 7 8 9 10 11 12 13 14	MS. O'DELL: Object to the form.  A. Yes. BY MS. BROWN: Q. Okay. And one of the things you know from reading Wu, because they report it, is that African-American women are traditionally higher talcum powder users than white women, right?  A. Yes. Q. And so what methodology have you employed in opining that talcum powder causes ovarian cancer to explain this
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	says, "African-Americans and Hispanics Remain at Lower Risk of Ovarian Cancer," but when you read the purpose of this study, it was to elucidate risk factors for disease and to evaluate differences across across Hispanics.  Q. Sure.  A. But not specifically African-Americans.  Q. No, Doctor, I'm using the information reported in this study that you identified as high quality to pose a commonsense question for you. Which is that, how do you reconcile the idea that the population that has the lowest amount of ovarian cancer has the highest amount of powder use?  MS. O'DELL: Object to the form. She's answered your question previously.  But you may respond.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	MS. O'DELL: Object to the form.  A. Yes. BY MS. BROWN: Q. Okay. And one of the things you know from reading Wu, because they report it, is that African-American women are traditionally higher talcum powder users than white women, right? A. Yes. Q. And so what methodology have you employed in opining that talcum powder causes ovarian cancer to explain this difference? A. Because when I look at the Schildkraut study, which was a larger study of African-American women, I believe, I have to look at the numbers, there was a statistical significant difference increase in ovarian cancer in women.

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1	Page 298		Page 300
1	African-American women is historically and	1	MS. BROWN: Your objection is
2	remains much lower?	2	to form.
3	A. Yes.	3	MS. O'DELL: Fine. I think
4	MS. O'DELL: Objection, form,	4	Judge Pisano would understand my
5	asked and answered.	5	objection. And what I've objected to
6	BY MS. BROWN:	6	is the fact that you've asked the same
7	Q. I mean, do you understand what	7	question ten times, often with facial
8	I'm saying here? How do you reconcile that?	8	expressions, with gestures toward the
9	If talcum powder use really did cause ovarian	9	witness, which is inappropriate under
10	cancer, why is the population that uses	10	the protocol. But I'm not being
11	talcum powder the most, the population that	11	critical of that. I'm pointing it out
12	gets ovarian cancer the least?	12	for the record. So if you've got a
13	MS. O'DELL: Objection to the	13	question, ask it, the doctor will
14	form, asked and answered.	14	answer it to the best of her ability
15	You may answer.	15	as she's been doing. But to keep
16	A. Okay. So there are multiple	16	berating the witness with the same
17	risk factors for ovarian cancer. If	17	question is really not appropriate.
18	African-American women have some protection	18	MS. BROWN: Counsel, your
19		19	· · · · · · · · · · · · · · · · · · ·
20	from getting ovarian cancer, for whatever reason they don't get it as often, it doesn't	20	objection under the Federal Rules is to form. If there's something you'd
21		21	like to discuss off the record, I'd be
22	matter what the risk factor is. If you look at an individual risk factor in that	22	· · · · · · · · · · · · · · · · · · ·
23		23	happy to do that. We need to move on
23	population alone and it increases their risk	24	here. We're wasting a lot of time.
24	over their baseline, it's a risk factor.	24	If Dr. Wolf would answer the question,
	Page 299		Page 301
-			
1	BY MS. BROWN:	1	I would be happy to move on.
1 2	BY MS. BROWN: Q. What methodology have you	1 2	I would be happy to move on.  MS. O'DELL: She's answered
	Q. What methodology have you		MS. O'DELL: She's answered
2	Q. What methodology have you employed to explain the fact that a	2	MS. O'DELL: She's answered your question.
2 3	Q. What methodology have you employed to explain the fact that a population that uses this product the most	2 3	MS. O'DELL: She's answered
2 3 4	Q. What methodology have you employed to explain the fact that a	2 3 4	MS. O'DELL: She's answered your question. You may answer it again BY MS. BROWN:
2 3 4 5	Q. What methodology have you employed to explain the fact that a population that uses this product the most gets ovarian cancer the least? How do you reconcile that?	2 3 4 5	MS. O'DELL: She's answered your question. You may answer it again BY MS. BROWN:
2 3 4 5 6	Q. What methodology have you employed to explain the fact that a population that uses this product the most gets ovarian cancer the least? How do you	2 3 4 5 6	MS. O'DELL: She's answered your question. You may answer it again BY MS. BROWN: Q. Please answer it again,
2 3 4 5 6 7	Q. What methodology have you employed to explain the fact that a population that uses this product the most gets ovarian cancer the least? How do you reconcile that?  MS. O'DELL: Objection, asked and answered. You've asked the same	2 3 4 5 6 7	MS. O'DELL: She's answered your question. You may answer it again BY MS. BROWN: Q. Please answer it again, Dr. Wolf.
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	Page 302			Page 304
1	of African-American women who use or did not	1	Schildkraut endeavored to do was to determine	
2	use talcum powder and ovarian cancer in the	2	whether the class action lawsuits in 2014	
3	case-control study of Schildkraut, which was	3	created recall bias in the women who were	
4	the most recent paper mentioned in the NCI	4	diagnosed with ovarian cancer?	
5	update on talc and ovarian cancer.	5	A. Okay.	
6	BY MS. BROWN:	6	MS. O'DELL: Object to the	
7	Q. And do you have Schildkraut in	7	form.	
8	front of you? We marked it as Exhibit 19.	8	BY MS. BROWN:	
9	A. I have it.	9	Q. Do you recall that?	
10	Q. 15, I'm sorry. One of the	10	A. I do.	
11	things that Schildkraut attempted to address	11	Q. And do you think that that is	
12	was recall bias as a result of talcum powder	12	an important thing for an author of a	
13	lawsuits, correct?	13	case-control study to analyze?	
14	MS. O'DELL: Object to the	14	A. I do.	
15	form.	15	Q. And you recall that when	
16	BY MS. BROWN:	16	Schildkraut analyzed folks who had been	
17	Q. And I'll direct you, Doctor,	17	interviewed prior to the lawsuits in 2014 and	
18	to	18	after the lawsuits in 2014, there was a	
19	A. Because I'm looking at the	19	significant difference in the number of	
20	primary endpoint of the study and the primary	20	people diagnosed with ovarian cancer who	
21	endpoint of the study was to analyze the	21	reported talcum powder use. Do you remember	
22	relationship of genital powder and nongenital	22	that?	
23	powder exposure in African-American women in	23	A. Well, I'm looking for that I	
24	a case-control study of invasive ovarian	24	see in the query in the table, but I don't	
	Page 303			Page 305
1	cancer epithelial ovarian cancer in	1	see a statistical significant difference, and	
2	African-American women.	2	that's what I'm looking for in the results,	
3	Q. In forming your opinions in	3	and I don't see it. If you know where it is,	
4	this case, did you consider the subgroup	4	you can point it out to me.	
5	analysis that Schildkraut conducted on women	5	Q. Here's what I want to ask you	
6	who were interviewed before and after the	6	about. In two thousand you looked at this	
7	class action lawsuits began in 2014?	7	table, right, you considered this subgroup	
8	MS. O'DELL: Objection to form.	8	analysis?	
9	A. I'm looking for those results	9	A. Yes.	
10	in the paper.	10	Q. Because you would agree with	
11	BY MS. BROWN:	11	Schildkraut, that recall bias, particularly	
12	Q. In forming your opinion in the	12	where there's been a lot of lawsuit	
13	case, did you consider those?	13	attention, is important to investigate,	
14	MS. O'DELL: Object to the	14	correct?	
15	form.	15	MS. O'DELL: Object to the	
16	A. I need to remind myself what	16	form.	
17	those results were.	17	A. Recall bias is always something	
18	BY MS. BROWN:	18	to investigate.	
19	Q. Okay. I'll direct you to Table	19	BY MS. BROWN:	
20	2 of the paper, which in my copy is 1414.	20	Q. But it's it could be	
21	A. I see that. And what was your	21	particularly acute in the context of a lot of	
22	question?	22	media attention due to lawsuits, right?	
23	Q. Do you recall, based on your	23	MS. O'DELL: Object to the	
24	review of this paper, that one of the things	24	form.	

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		D 206			D 200
1	A Comothing to look at	Page 306	1	A What I'm reading it save "In	Page 308
$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	A. Something to look at. BY MS. BROWN:		1 2	A. What I'm reading, it says, "In 2014 and later, we observed an increase in	
2 3			3	· · · · · · · · · · · · · · · · · · ·	
	Q. And one of the things			any powder use. Although increased, these	
4	Schildkraut actually did in its analysis, was it controlled for the recall bias it tried		4	exposure prevalences were not statistically	
5			5	significant for those interviewed before	
6	to control for that recall bias, right?		6	2014."	
7	A. Well, it looked at it, yes.		7	BY MS. BROWN:	
8	Q. And the reason it felt it had		8	Q. Did you consider the author's	
9	to control he felt she felt she had to		9	conclusion that there was a statistically	
10	control for it was because she found a		10	significant effect modification by year of	
11	statistically significant effect modification		11	interview when you reviewed this paper?	
12	by year of interview, right?		12	MS. O'DELL: Object to the	
13	MS. O'DELL: Object to the		13	form.	
14	form.		14	A. Yes. But yes, but this does	
15	BY MS. BROWN:		15	not clarify why that would be, because there	
16	Q. And that conclusion is at the		16	was no statistical difference in reported	
17	end of the results second paragraph of the		17	use.	
18	results on page 1413. Do you recall		18	BY MS. BROWN:	
19	reviewing that?		19	Q. And what happened, Doctor, if	
20	A. I don't see anything that says		20	you look at Table 2, is that prior to	
21	about the year of year of review.		21	those folks who were interviewed about	
22	Q. The second paragraph in the		22	whether or not they had used powder before	
23	results section of the paper concludes, "A		23	2014, 34 percent of the controls reported it	
24	test for effect modification by year of		24	and about 36 and a half percent of the cases	
		Page 307			Page 309
1	interview was statistically significant with	Page 307	1	reported it, right?	Page 309
1 2	interview was statistically significant with P equaling 0.005."	Page 307	1 2	reported it, right?  MS. O'DELL: Object to the	Page 309
2	P equaling 0.005."	Page 307	2	MS. O'DELL: Object to the	Page 309
2 3	P equaling 0.005."  Do you see that?	Page 307	2 3	MS. O'DELL: Object to the form.	Page 309
2 3 4	P equaling 0.005."  Do you see that?  MS. O'DELL: Object to the	Page 307	2 3 4	MS. O'DELL: Object to the form. BY MS. BROWN:	Page 309
2 3 4 5	P equaling 0.005."  Do you see that?  MS. O'DELL: Object to the form.	Page 307	2 3 4 5	MS. O'DELL: Object to the form. BY MS. BROWN: Q. Do you see me	Page 309
2 3 4	P equaling 0.005."  Do you see that?  MS. O'DELL: Object to the form.  A. Okay. "Although increased,	Page 307	2 3 4	MS. O'DELL: Object to the form.  BY MS. BROWN: Q. Do you see me A. I see that.	Page 309
2 3 4 5 6 7	P equaling 0.005."  Do you see that?  MS. O'DELL: Object to the form.  A. Okay. "Although increased, exposure prevalences were not significantly	Page 307	2 3 4 5 6 7	MS. O'DELL: Object to the form.  BY MS. BROWN: Q. Do you see me A. I see that. Q. And then when they stratified	Page 309
2 3 4 5 6 7 8	P equaling 0.005."  Do you see that?  MS. O'DELL: Object to the form.  A. Okay. "Although increased, exposure prevalences were not significantly different from those interviewed before	Page 307	2 3 4 5 6	MS. O'DELL: Object to the form.  BY MS. BROWN: Q. Do you see me A. I see that. Q. And then when they stratified by interview date and they asked people after	Page 309
2 3 4 5 6 7 8 9	P equaling 0.005."  Do you see that?  MS. O'DELL: Object to the form.  A. Okay. "Although increased, exposure prevalences were not significantly different from those interviewed before 2014."	Page 307	2 3 4 5 6 7 8 9	MS. O'DELL: Object to the form.  BY MS. BROWN: Q. Do you see me A. I see that. Q. And then when they stratified by interview date and they asked people after the lawsuits if they had used powder, the	Page 309
2 3 4 5 6 7 8 9	P equaling 0.005."  Do you see that?  MS. O'DELL: Object to the form.  A. Okay. "Although increased, exposure prevalences were not significantly different from those interviewed before	Page 307	2 3 4 5 6 7 8 9 10	MS. O'DELL: Object to the form.  BY MS. BROWN: Q. Do you see me A. I see that. Q. And then when they stratified by interview date and they asked people after the lawsuits if they had used powder, the folks who did not get ovarian cancer reported	Page 309
2 3 4 5 6 7 8 9 10 11	P equaling 0.005."  Do you see that?  MS. O'DELL: Object to the form.  A. Okay. "Although increased, exposure prevalences were not significantly different from those interviewed before 2014."  So the exposure was no different.	Page 307	2 3 4 5 6 7 8 9 10	MS. O'DELL: Object to the form.  BY MS. BROWN: Q. Do you see me A. I see that. Q. And then when they stratified by interview date and they asked people after the lawsuits if they had used powder, the folks who did not get ovarian cancer reported it at about the same percentage, right, 34.4	Page 309
2 3 4 5 6 7 8 9 10 11 12	P equaling 0.005."  Do you see that?  MS. O'DELL: Object to the form.  A. Okay. "Although increased, exposure prevalences were not significantly different from those interviewed before 2014."  So the exposure was no different.  BY MS. BROWN:	Page 307	2 3 4 5 6 7 8 9 10	MS. O'DELL: Object to the form.  BY MS. BROWN: Q. Do you see me A. I see that. Q. And then when they stratified by interview date and they asked people after the lawsuits if they had used powder, the folks who did not get ovarian cancer reported it at about the same percentage, right, 34.4 percent?	Page 309
2 3 4 5 6 7 8 9 10 11 12 13	P equaling 0.005."  Do you see that?  MS. O'DELL: Object to the form.  A. Okay. "Although increased, exposure prevalences were not significantly different from those interviewed before 2014."  So the exposure was no different.  BY MS. BROWN:  Q. Well, it was and the authors	Page 307	2 3 4 5 6 7 8 9 10 11 12	MS. O'DELL: Object to the form.  BY MS. BROWN: Q. Do you see me A. I see that. Q. And then when they stratified by interview date and they asked people after the lawsuits if they had used powder, the folks who did not get ovarian cancer reported it at about the same percentage, right, 34.4	Page 309
2 3 4 5 6 7 8 9 10 11 12 13 14	P equaling 0.005."  Do you see that?  MS. O'DELL: Object to the form.  A. Okay. "Although increased, exposure prevalences were not significantly different from those interviewed before 2014."  So the exposure was no different.  BY MS. BROWN:  Q. Well, it was and the authors concluded that they couldn't rule it out as	Page 307	2 3 4 5 6 7 8 9 10 11 12 13	MS. O'DELL: Object to the form.  BY MS. BROWN: Q. Do you see me A. I see that. Q. And then when they stratified by interview date and they asked people after the lawsuits if they had used powder, the folks who did not get ovarian cancer reported it at about the same percentage, right, 34.4 percent?  MS. O'DELL: Object to the form.	Page 309
2 3 4 5 6 7 8 9 10 11 12 13 14 15	P equaling 0.005."  Do you see that?  MS. O'DELL: Object to the form.  A. Okay. "Although increased, exposure prevalences were not significantly different from those interviewed before 2014."  So the exposure was no different.  BY MS. BROWN:  Q. Well, it was and the authors concluded that they couldn't rule it out as inflating the odds ratios, didn't they?	Page 307	2 3 4 5 6 7 8 9 10 11 12 13 14	MS. O'DELL: Object to the form.  BY MS. BROWN: Q. Do you see me A. I see that. Q. And then when they stratified by interview date and they asked people after the lawsuits if they had used powder, the folks who did not get ovarian cancer reported it at about the same percentage, right, 34.4 percent?  MS. O'DELL: Object to the form.	Page 309
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	P equaling 0.005."  Do you see that?  MS. O'DELL: Object to the form.  A. Okay. "Although increased, exposure prevalences were not significantly different from those interviewed before 2014."  So the exposure was no different.  BY MS. BROWN:  Q. Well, it was and the authors concluded that they couldn't rule it out as inflating the odds ratios, didn't they?  MS. O'DELL: Objection, form.	Page 307	2 3 4 5 6 7 8 9 10 11 12 13 14 15	MS. O'DELL: Object to the form.  BY MS. BROWN: Q. Do you see me A. I see that. Q. And then when they stratified by interview date and they asked people after the lawsuits if they had used powder, the folks who did not get ovarian cancer reported it at about the same percentage, right, 34.4 percent?  MS. O'DELL: Object to the form. A. Yes, 30 and 42 percent.  BY MS. BROWN:	Page 309
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	P equaling 0.005."  Do you see that?  MS. O'DELL: Object to the form.  A. Okay. "Although increased, exposure prevalences were not significantly different from those interviewed before 2014."  So the exposure was no different.  BY MS. BROWN:  Q. Well, it was and the authors concluded that they couldn't rule it out as inflating the odds ratios, didn't they?  MS. O'DELL: Objection, form.	Page 307	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	MS. O'DELL: Object to the form.  BY MS. BROWN: Q. Do you see me A. I see that. Q. And then when they stratified by interview date and they asked people after the lawsuits if they had used powder, the folks who did not get ovarian cancer reported it at about the same percentage, right, 34.4 percent?  MS. O'DELL: Object to the form. A. Yes, 30 and 42 percent.  BY MS. BROWN: Q. Well, 34 and 34.4.	Page 309
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	P equaling 0.005."  Do you see that?  MS. O'DELL: Object to the form.  A. Okay. "Although increased, exposure prevalences were not significantly different from those interviewed before 2014."  So the exposure was no different.  BY MS. BROWN:  Q. Well, it was and the authors concluded that they couldn't rule it out as inflating the odds ratios, didn't they?  MS. O'DELL: Objection, form.  A. It was not statistically	Page 307	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	MS. O'DELL: Object to the form.  BY MS. BROWN: Q. Do you see me A. I see that. Q. And then when they stratified by interview date and they asked people after the lawsuits if they had used powder, the folks who did not get ovarian cancer reported it at about the same percentage, right, 34.4 percent?  MS. O'DELL: Object to the form. A. Yes, 30 and 42 percent.  BY MS. BROWN: Q. Well, 34 and 34.4. A. Oh, I'm sorry. After	Page 309
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	P equaling 0.005."  Do you see that?  MS. O'DELL: Object to the form.  A. Okay. "Although increased, exposure prevalences were not significantly different from those interviewed before 2014."  So the exposure was no different.  BY MS. BROWN:  Q. Well, it was and the authors concluded that they couldn't rule it out as inflating the odds ratios, didn't they?  MS. O'DELL: Objection, form.  A. It was not statistically different.  BY MS. BROWN:	Page 307	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	MS. O'DELL: Object to the form.  BY MS. BROWN: Q. Do you see me A. I see that. Q. And then when they stratified by interview date and they asked people after the lawsuits if they had used powder, the folks who did not get ovarian cancer reported it at about the same percentage, right, 34.4 percent?  MS. O'DELL: Object to the form. A. Yes, 30 and 42 percent.  BY MS. BROWN: Q. Well, 34 and 34.4. A. Oh, I'm sorry. After Q. You see that? Any genital use. A. Yes.	Page 309
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	P equaling 0.005."  Do you see that?  MS. O'DELL: Object to the form.  A. Okay. "Although increased, exposure prevalences were not significantly different from those interviewed before 2014."  So the exposure was no different.  BY MS. BROWN:  Q. Well, it was and the authors concluded that they couldn't rule it out as inflating the odds ratios, didn't they?  MS. O'DELL: Objection, form.  A. It was not statistically different.  BY MS. BROWN:  Q. They found a statistically significant effect modification. Do you see that conclusion?	Page 307	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	MS. O'DELL: Object to the form.  BY MS. BROWN: Q. Do you see me A. I see that. Q. And then when they stratified by interview date and they asked people after the lawsuits if they had used powder, the folks who did not get ovarian cancer reported it at about the same percentage, right, 34.4 percent?  MS. O'DELL: Object to the form. A. Yes, 30 and 42 percent.  BY MS. BROWN: Q. Well, 34 and 34.4. A. Oh, I'm sorry. After Q. You see that? Any genital use. A. Yes. Q. Okay. So 34 percent of people who did not have ovarian cancer reported talc	Page 309

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		Page 310		Pa	ge 312
1	reported talc use after 2014, right?	1 uge 310	1	correct?	.50 312
1 2	A. Yes.		2	A. Yes.	
3	Q. That's about exactly the same,		3	Q. And what method did you employ	
4	correct?		4	to assure yourself that those results were	
5	A. Yes. Yes.		5	not confounded by recall bias?	
6	Q. But as it relates to folks who		6	A. By reviewing the methods and	
7	unfortunately were diagnosed with ovarian		7	analyzing the methods, just like we did with	
8	cancer, those who were asked that question		8	this paper.	
9	before 2014, 36.5 percent of them reported		9	Q. And what did you find in the Wu	
10	talc use, right?		10	article, for example, that leads you to	
11	A. (Nods head.)		11	believe that the findings were not the	
12	Q. And then that number shot up to		12	subject of recall bias?	
13	51.5 percent after 2014, right?		13	A. I would have to read the Wu	
14	MS. O'DELL: Object to the		14	materials and methods again. If you'd like	
15	form.		15	me to, I will.	
16	A. I see that.		16	Q. Well, did you undertake an	
17	BY MS. BROWN:		17	analysis of the post-2014 papers with an	
18	Q. And what the authors conclude		18	effort to investigate whether the findings	
19	on page 1416, is that although because		19	were subject to recall bias? That's my	
20	of this is I'm reading from 1416, the		20	question.	
21	first full sentence of the second column.		21	MS. O'DELL: Object to the	
22	"Because of publicity, we adjusted for date		22	form. She's answered your question.	
23	of interview. However, there is still a		23	A. When I reviewed all of the	
24	possibility that recall bias may have caused		24	papers, that was one of the things bias is	
					_
		Page 311		Pa	ge 313
1	some inflation of the OP" or the odds	Page 311	1		ige 313
1 2	some inflation of the OR" or the odds	Page 311	1 2	one of the things you wanted to I wanted	ige 313
2	ratios, correct?	Page 311	2	one of the things you wanted to I wanted to look at and I looked at. And if you're	ige 313
2 3	ratios, correct?  A. But if you read the rest of	Page 311	2 3	one of the things you wanted to I wanted to look at and I looked at. And if you're asking me specifically about this one, you	ge 313
2 3 4	ratios, correct?  A. But if you read the rest of that study, "Our data do not support that	Page 311	2 3 4	one of the things you wanted to I wanted to look at and I looked at. And if you're asking me specifically about this one, you know, I can read through it and tell you what	ge 313
2 3 4 5	ratios, correct?  A. But if you read the rest of that study, "Our data do not support that recall bias alone before or after 2014 would	Page 311	2 3 4 5	one of the things you wanted to I wanted to look at and I looked at. And if you're asking me specifically about this one, you know, I can read through it and tell you what it was specifically.	ge 313
2 3 4 5 6	ratios, correct?  A. But if you read the rest of that study, "Our data do not support that recall bias alone before or after 2014 would account for the associations with body powder	Page 311	2 3 4 5 6	one of the things you wanted to I wanted to look at and I looked at. And if you're asking me specifically about this one, you know, I can read through it and tell you what it was specifically.  BY MS. BROWN:	ge 313
2 3 4 5 6 7	ratios, correct?  A. But if you read the rest of that study, "Our data do not support that recall bias alone before or after 2014 would account for the associations with body powder and epithelial ovarian cancer. It was not	Page 311	2 3 4 5 6 7	one of the things you wanted to I wanted to look at and I looked at. And if you're asking me specifically about this one, you know, I can read through it and tell you what it was specifically.  BY MS. BROWN:  Q. No, I don't need specifics of	age 313
2 3 4 5 6 7 8	ratios, correct?  A. But if you read the rest of that study, "Our data do not support that recall bias alone before or after 2014 would account for the associations with body powder and epithelial ovarian cancer. It was not statistically significantly different."	Page 311	2 3 4 5 6 7 8	one of the things you wanted to I wanted to look at and I looked at. And if you're asking me specifically about this one, you know, I can read through it and tell you what it was specifically.  BY MS. BROWN:  Q. No, I don't need specifics of the study. I was asking for your	ge 313
2 3 4 5 6 7 8 9	ratios, correct?  A. But if you read the rest of that study, "Our data do not support that recall bias alone before or after 2014 would account for the associations with body powder and epithelial ovarian cancer. It was not statistically significantly different."  Q. Did you consider the author's	Page 311	2 3 4 5 6 7 8 9	one of the things you wanted to I wanted to look at and I looked at. And if you're asking me specifically about this one, you know, I can read through it and tell you what it was specifically.  BY MS. BROWN:  Q. No, I don't need specifics of the study. I was asking for your methodology. How do you how when you	ge 313
2 3 4 5 6 7 8 9	ratios, correct?  A. But if you read the rest of that study, "Our data do not support that recall bias alone before or after 2014 would account for the associations with body powder and epithelial ovarian cancer. It was not statistically significantly different."  Q. Did you consider the author's finding as it related to recall bias in	Page 311	2 3 4 5 6 7 8 9	one of the things you wanted to I wanted to look at and I looked at. And if you're asking me specifically about this one, you know, I can read through it and tell you what it was specifically.  BY MS. BROWN:  Q. No, I don't need specifics of the study. I was asking for your methodology. How do you how when you evaluate a paper post-2014, how do you	ge 313
2 3 4 5 6 7 8 9 10	ratios, correct?  A. But if you read the rest of that study, "Our data do not support that recall bias alone before or after 2014 would account for the associations with body powder and epithelial ovarian cancer. It was not statistically significantly different."  Q. Did you consider the author's	Page 311	2 3 4 5 6 7 8 9 10 11	one of the things you wanted to I wanted to look at and I looked at. And if you're asking me specifically about this one, you know, I can read through it and tell you what it was specifically.  BY MS. BROWN:  Q. No, I don't need specifics of the study. I was asking for your methodology. How do you how when you evaluate a paper post-2014, how do you what methodology do you employ to make sure	ge 313
2 3 4 5 6 7 8 9	ratios, correct?  A. But if you read the rest of that study, "Our data do not support that recall bias alone before or after 2014 would account for the associations with body powder and epithelial ovarian cancer. It was not statistically significantly different."  Q. Did you consider the author's finding as it related to recall bias in evaluating the Schildkraut paper?  A. I did.	Page 311	2 3 4 5 6 7 8 9	one of the things you wanted to I wanted to look at and I looked at. And if you're asking me specifically about this one, you know, I can read through it and tell you what it was specifically.  BY MS. BROWN:  Q. No, I don't need specifics of the study. I was asking for your methodology. How do you how when you evaluate a paper post-2014, how do you	ge 313
2 3 4 5 6 7 8 9 10 11 12 13	ratios, correct?  A. But if you read the rest of that study, "Our data do not support that recall bias alone before or after 2014 would account for the associations with body powder and epithelial ovarian cancer. It was not statistically significantly different."  Q. Did you consider the author's finding as it related to recall bias in evaluating the Schildkraut paper?  A. I did.  Q. And would you agree that	Page 311	2 3 4 5 6 7 8 9 10 11 12	one of the things you wanted to I wanted to look at and I looked at. And if you're asking me specifically about this one, you know, I can read through it and tell you what it was specifically.  BY MS. BROWN:  Q. No, I don't need specifics of the study. I was asking for your methodology. How do you how when you evaluate a paper post-2014, how do you what methodology do you employ to make sure that the results are not inflated by the lawsuit media attention?	ge 313
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	Page 314		Page 316
1	bias could not be ruled out. Did you	1	in young adulthood; is that right?
2	consider that?	2	MS. O'DELL: Object to the
3	A. When you when I look at	3	form.
4	their methods that was their that was	4	A. I assumed they started using
5	their interpretation of the data as a	5	powder sometime after menarche.
6	possible explanation. When I look at the	6	BY MS. BROWN:
7	results, the results showed that there was no	7	Q. Okay. And the average age of
8	statistically significant difference between	8	menarche is 12; is that right?
9	before and after 2014.	9	A. I think it's ten in the US now.
10	Q. And so as it relates to their	10	I know.
11	conclusion, do you discount that?	11	Q. My gosh. Good thing I have
12	MS. O'DELL: Object to the	12	boys. You say in your report that the
13	form.	13	latency period for ovarian cancer is at least
14	A. When I read conclusions of this	14	20 years, correct?
15	paper or any paper, these are these are	15	A. Yes.
16	possible explanations. It's not facts. The	16	Q. Okay. And you would agree with
17	facts are the results.	17	me that most of the prospective studies
18	BY MS. BROWN:	18	enrolled women in their sort of mid
19	Q. And did you discount the	19	middle-age women to postmenopause women, so
20	statistically significant effect modification	20	women in their 40s and 50s, correct?
21	by interview year and date?	21	A. Yes.
22	A. No.	22	Q. And so if those women began
23	MS. O'DELL: Object to form.	23	using powder, as IARC concludes, in young
24	A. That was statistically	24	adulthood, they would have been approximately
24	A. That was statistically	24	additiood, they would have been approximately
	Page 315		D 045
	1 450 515		Page 317
1	significant.	1	
1 2		1 2	anywhere from, you know, ten- to 20- to 30-year users at the time they enrolled in
	significant. BY MS. BROWN:		anywhere from, you know, ten- to 20- to 30-year users at the time they enrolled in
2	significant. BY MS. BROWN:	2	anywhere from, you know, ten- to 20- to
2 3	significant. BY MS. BROWN: Q. You considered that?	2 3	anywhere from, you know, ten- to 20- to 30-year users at the time they enrolled in the study, correct?
2 3 4	significant. BY MS. BROWN: Q. You considered that? A. Yes. MS. BROWN: Let's take a break.	2 3 4	anywhere from, you know, ten- to 20- to 30-year users at the time they enrolled in the study, correct?  MS. O'DELL: Object to the
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		Page 318			Page 320
1	form.	1 4 5 1 5	1	the witness has it.	1 450 520
$\frac{1}{2}$	A. The only thing that prospective		2	MS. O'DELL: Do you have the	
3	studies looked at was one point in time, so		3	right one?	
4	we don't know how long. You can't you		4	THE WITNESS: I don't have	
5	can't make a determination of a study based		5	page 305.	
6	on thinking that's how long they used it.		6	MS. O'DELL: She has 100 C, not	
7	BY MS. BROWN:		7	2010.	
8	Q. Well, if the prospective study		8	THE WITNESS: I have 100 C.	
9	asked a 55-year-old if she was a talcum		9	BY MS. BROWN:	
10	powder user, you would agree with me, based		10	Q. Didn't we mark this?	
11	on your understanding of when people began		11	A. It's hiding. Here it is. Here	
12	using talcum powder, that she likely started		12	it is.	
13	in young adulthood, right?		13	MS. O'DELL: Yeah, sorry,	
14	MS. O'DELL: Objection to form.		14	excuse me.	
15	A. I think the question was often		15	BY MS. BROWN:	
16	ever use, and so I don't know if she started		16	Q. And so my question was, to	
17	in young adulthood and did it for 20 or 30		17	orient you, Doctor, I'll direct you to	
18	years, or she started at middle age and did		18	Section B, third paragraph, the conclusion	
19	it later, or she lived in the North and		19	there, that, "The use of talcum powder for	
20	didn't use it and then moved to the South and		20	feminine hygiene is acquired in young	
21	started using it because she was hotter,		21	adulthood, since 80 percent of women who use	
22	because sweating is often a reason that		22	body powder start before the age of 25. IARC	
23	people women give for using powder, and		23	cites Harlow and Weiss from 1989."	
24	men. I don't know that I can infer that from		24	Do you agree with that?	
		Page 319			Page 321
1	the data in the study.	Page 319	1	A. Yes.	Page 321
1 2	the data in the study. BY MS. BROWN:	Page 319	1 2		Page 321
		Page 319		A. Yes.	
2	BY MS. BROWN:	Page 319	2	<ul><li>A. Yes.</li><li>Q. Okay. And you know that the</li></ul>	
2 3	BY MS. BROWN: Q. Well, IARC has stated that 80	Page 319	2 3	A. Yes. Q. Okay. And you know that the Nurses Health Study enrolled women middle	
2 3 4 5 6	BY MS. BROWN: Q. Well, IARC has stated that 80 percent of women who use body powder start	Page 319	2 3 4	A. Yes. Q. Okay. And you know that the Nurses Health Study enrolled women middle age women, correct? A. Postmenopausal women. Q. Ages 30 to 55 in 1976, and that	
2 3 4 5 6 7	BY MS. BROWN: Q. Well, IARC has stated that 80 percent of women who use body powder start before the age of 25. Do you agree with that?  MS. O'DELL: If you need to	Page 319	2 3 4 5	A. Yes. Q. Okay. And you know that the Nurses Health Study enrolled women middle age women, correct? A. Postmenopausal women. Q. Ages 30 to 55 in 1976, and that would have been ages 36 to 61 in 1982, right?	
2 3 4 5 6 7 8	BY MS. BROWN: Q. Well, IARC has stated that 80 percent of women who use body powder start before the age of 25. Do you agree with that?  MS. O'DELL: If you need to look at that study	Page 319	2 3 4 5 6 7 8	A. Yes. Q. Okay. And you know that the Nurses Health Study enrolled women middle age women, correct? A. Postmenopausal women. Q. Ages 30 to 55 in 1976, and that would have been ages 36 to 61 in 1982, right? A. I thought we were talking about	
2 3 4 5 6 7 8 9	Paragraph of the state of 25. Do you agree with that?  MS. O'DELL: If you need to look at that study  A. Yeah, I need to look at the	Page 319	2 3 4 5 6 7 8 9	A. Yes. Q. Okay. And you know that the Nurses Health Study enrolled women middle age women, correct? A. Postmenopausal women. Q. Ages 30 to 55 in 1976, and that would have been ages 36 to 61 in 1982, right? A. I thought we were talking about the Women's Health Initiative. We're talking	
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	BY MS. BROWN:  Q. Well, IARC has stated that 80 percent of women who use body powder start before the age of 25. Do you agree with that?  MS. O'DELL: If you need to look at that study  A. Yeah, I need to look at the IARC paper.  BY MS. BROWN:  Q. We have marked that as  Exhibit 13. And it's page 305.  A. I don't see that one, because it's a thick one. It's not here.  Q. Did we mark IARC  MS. O'DELL: Here we go.  A. Here we go.  MS. O'DELL: What page?  MS. BROWN: 305.  MS. O'DELL: Actually, this is the wrong one. I'm assuming you're	Page 319	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Yes. Q. Okay. And you know that the Nurses Health Study enrolled women middle age women, correct? A. Postmenopausal women. Q. Ages 30 to 55 in 1976, and that would have been ages 36 to 61 in 1982, right? A. I thought we were talking about the Women's Health Initiative. We're talking about the Nurses Health Study? Q. Well, one question is Nurses Health. We'll go to Women's Health next. A. All right. Q. And so if most women, majority 80 percent, start at age 25, many of the women enrolled in Nurses Health, for example, would have already been using talcum powder for decades prior to enrollment in that study, correct? A. I'm just adding up. So they would have been aged 36 to 61. Q. Correct.	

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1 Q. Well, at least everyone who was 2 enrolled would have been using it for at 3 least ten years, right? 1 BY MS. BROWN: 2 Q. In evaluating the 3 Health Initiative data, years,	
2 enrolled would have been using it for at 2 Q. In evaluating the	
L 3 Least ten vears right?	
4 MS. O'DELL: Object to the 4 data that they had on fol	
5 form. 5 using powder for more the	than 20 years, right?
6 A. We don't know that. We're 6 A. Yes.	
7 inferring from another paper where it was 7 Q. And you know	that that resulted
8 reported that 80 percent of women use it 8 in a nonstatistically sign	ificant finding,
9 before age 25, that women who were asked did 9 correct?	
10 they ever use it had been using it their 10 A. That's correct.	
11 whole since age 25.	ritique, as it
12 BY MS. BROWN: 12 relates to the fact that the	
13 Q. And in evaluating the 13 long enough, does not re	
14 epidemiology, did you make that conclusion? 14 Health Initiative; is that	
15 MS. O'DELL: Object to the 15 MS. O'DELL: O	
16 form. 16 form.	Soject to the
	as relate to the
1 1 /	
19 that was something that was considered or 19 they were using it for 20	
20 asked about how long they used it. 20 years let me step back	
21 BY MS. BROWN: 21 that it's clear in my mind	
22 Q. When you evaluated the Nurses 22 I don't know at y	
23 Health Study, did you believe that the women 23 their use that 20 years til	
24 ages 36 to 61, who were asked about talcum 24 starts. I don't know if it's	s after one dose,
Page 323	Page 325
	-
1 powder use in 1982, had just begun using 1 if it's after a year, if it's a	
2 talcum powder? 2 years, if it's after ten years	
3 A. I don't know have any 3 that zero point go to 20 y	
4 information 4 think there's any way we	e can know that.
5 MS. O'DELL: Object to form. 5 BY MS. BROWN:	
6 A to confirm or dispute that. 6 Q. Is what you're s	saying, Doctor,
7 BY MS. BROWN: 7 you don't know how mu	ch talcum powder
8 Q. Did you consider the 8 exposure is needed to ca	nuse ovarian cancer?
9 information from IARC, that most women who 9 MS. O'DELL: 0	Object to the
10 use talcum powder start at age 25?	,
11 MS. O'DELL: Object to the 11 A. I'm saying that	in an
form. 12 individual patient, it mig	
13 A. But in the Nurses Health Study, 13 amount and different tim	
14 I don't have that information about when they  14 to develop as a result of	
15 started. 15 And so even guessing w	
16 BY MS. BROWN: 16 doesn't give me enough:	
17 Q. My question was, did you 17 when that lag period star	
18 consider the information from IARC, that most 18 period is 20 years or if it	
20 MS. O'DELL: Object to the 20 how long it takes to devel	erop cancer from a
21 form. 21 toxin.	I
A. And my answer is the two are 22 BY MS. BROWN:	
23 not I can't draw a conclusion from one to  Q. In your opinion	
24 the other. 24 gynecologic oncology, v	wnat's the latency

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1	period for ovarian cancer?	1	dose versus somebody else.	
$\frac{1}{2}$	A. I'm going to answer you the way	$\frac{1}{2}$		
1 2 3	I answer all of my patients. And I don't	$\frac{1}{3}$		
	think we know for sure. The only data that			
5	we actually have that I'm aware of is the	5		
6	Hiroshima data, that 15 to 20 years after the	6		
6 7 8	atomic bomb was dropped, but when patients	7		
8	come to me and they say, "How long had I had	8		
9	this cancer? When did this cancer develop?"	9		
10	Well, we never sit and watch somebody from	10		
11	the time they have the first hint of cancer,	11	1	
12	to know how long it takes to develop, or	12		
13	somebody who has a precancerous lesion,	13	± ±	
14	although there isn't a good one for ovarian	14	<u>.</u>	
15	cancer, so we don't know the answer to that.	15		
16	Q. So in fact, Doctor, the latency	16		
17	period for ovarian cancer could be even	177	<b>5</b>	
18	shorter than 15 or 20 years?	18		
19	MS. O'DELL: Objection to form.	19		
20	A. I don't know the latency period	20		
21	for sure. The only data that I you know,	21		
22	that is clear is the data after the bombs,	22		
23	and I think, could it be shorter, could it be	23	1 23	
24	longer	24		
		ge 327		Page 329
1	BY MS. BROWN:	1	MS. O'DELL: Objection to form.	Page 329
1 2	BY MS. BROWN: Q. We don't know. Fair?	1 2	MS. O'DELL: Objection to form. A. Anytime there's self-reporting	Page 329
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		Page 330			Page 332
1	had any of those, except the Wu.		1	frequency, if you look at Table 1 continued	
2	BY MS. BROWN:		2	on the very next page, there was while	- 1
3	Q. And those studies did not		3	there was an increase of use up to 7200	- 1
4	for example, Cramer did not show a dose		4	applications, after 7200 applications, the	
5	response with duration of use, right?		5	use decreased, right?	
6	A. I thought they showed an		6	MS. O'DELL: Object to the	- 1
7 8	increase with frequency and duration of use.		7	form.	- 1
	Q. And so if you look, for		8 9	A. No, the top part of that, it	- 1
9 10	example, at Table 1 of Cramer, we actually		9 10	goes up, it goes down, it goes back up. The	- 1
	see a decrease in the risk after 35 years,			bottom part of that the last part of that	
11 12	right? A. Can I		11 12	table is assuming 12 months per year	
13	A. Can I Q. Absolutely.		13	missing these are people with missing months.	
14	A. Is that one of the exhibits?		13 14	BY MS. BROWN:	
15	Because it's not in there.		15		
16			16	Q. And so you agree there's not a linear increase in frequency of application,	
17	<ul><li>Q. Right.</li><li>A. Or I can't find it.</li></ul>		17	correct?	
18	Q. We marked it as 11.		18	A. In this paper, there's not a	
19	A. Yeah.		19	linear increase, but there is an increase	
20	MS. O'DELL: Here we go.		20	with more frequent application. And I want	
21	A. Years used. So I'm looking at		21	to say, again, and I think I've said this	
22	Table 1. Is that what you're looking at?		22	earlier, is that what's a dose? Frequency of	
23	BY MS. BROWN:		23	use, in my head, I can't get my head around,	
24	Q. Right. If you look at the		24	is it the same amount every time? There	
	Q. ragin. If you look at the			is it the same amount every time. There	
		Page 331			Page 333
1	vears used, you'd agree with me that there's	Page 331	1	isn't it's not like it's a 5-milligram	Page 333
1 2	years used, you'd agree with me that there's actually a slight decreased risk after 35	Page 331	1 2	isn't it's not like it's a 5-milligram pill. It's powder in your panties. And to	Page 333
2	actually a slight decreased risk after 35	Page 331		pill. It's powder in your panties. And to	Page 333
		Page 331	2	pill. It's powder in your panties. And to look at any of this data and try to	Page 333
2 3	actually a slight decreased risk after 35 years of use?  A. But there's an increased risk	Page 331	2 3	pill. It's powder in your panties. And to	Page 333
2 3 4	actually a slight decreased risk after 35 years of use?	Page 331	2 3 4	pill. It's powder in your panties. And to look at any of this data and try to equivilate dose, I think it's challenging.  Q. One of the things you say in	Page 333
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		Page 334		Page 336
		rage 554		·
1	Even if you know for sure how many times		1	their all of those things are hard to
2	someone used talcum powder, you don't know		2	quantify.
3	what dose they used and where it went. Did		3	BY MS. BROWN:
4	it go all in their panties? Did it go on the		4	Q. Is there any scientific data
5	floor? Did it got in their groins? Did go		5	that you are aware of that shows a particular
6	it up their backside? How much did they use?		6	percentage of perineal powder reaching the
7	None of these papers attempted		7	ovary?
8	to and understandably it's hard to quantitate		8	A. I'm not aware that there's any
9	how much is a dose. And so given that it's		9	data that's ever looked at that.
10	challenging to answer the question about dose		10	Q. For purposes of your opinion,
11	response, it's hard to put a lot of weight on		11	however, you have assumed that some amount of
12	that.		12	the powder that's applied perineally reaches
13	Q. And what you say in your report		13	the ovary; is that right?
14	at page 15, is that given the limitations of		14	MS. O'DELL: Object to the
15	the data, and those would be the limitations		15	form.
16	you just described, right?		16	A. I assume that there's migration
17	A. Yes.		17	of talc particles through the open genital
18	MS. O'DELL: Objection to form.		18	tract to get to the ovary.
19	BY MS. BROWN:		19	BY MS. BROWN:
20	Q. And what that means is that		20	Q. And for your opinion to hold
21	this product, the use of this product is		21	true, that talcum powder that reaches the
22	difficult to quantify, correct?		22	ovary causes ovarian cancer, is there a
23	MS. O'DELL: Object to the		23	particular amount of talcum powder in your
24	form.		24	mind that needs to reach the ovary?
		Page 335		Page 337
1	Δ The dose of using this product	Page 335	1	Page 337 MS. O'DELL: Objection to form
1 2	A. The dose of using this product is difficult to quantify	Page 335	1 2	MS. O'DELL: Objection to form.
2	is difficult to quantify.	Page 335	1 2 3	MS. O'DELL: Objection to form.  A. I think I have no idea what
2 3	is difficult to quantify. BY MS. BROWN:	Page 335	3	MS. O'DELL: Objection to form. A. I think I have no idea what that amount would be and I don't know that
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		Page 338			Page 340
1	Q. Based on your review of the	- 18	1	or may not be related to the patient's	
2	epidemiology, is it your opinion that		2	cancer.	
3	individuals are put at risk for ovarian		3	Q. Have you in connection with	
4	cancer through perineal exposure more likely		4	that opinion, Dr. Wolf, have you evaluated	
5	than through inhalation of genital talcum		5	the epidemiology on the miners and millers of	
6	powder?		6	cosmetic talcum powder?	
7	MS. O'DELL: Object to the		7	A. I believe that's in the IARC	
8	form.		8	paper or study.	
9	A. In my review of the		9	Q. You recall that IARC points to	
10	epidemiology, all of the studies are		10	that as some of the best evidence, that	
11	particularly looking at perineal exposure.		11	inhalation of nonasbestiform talc is not	
12	So through through that lens, I believe		12	carcinogenic?	
13	that most of the information in those studies		13	MS. O'DELL: Object to the	
14	is looking at that particular question,		14	form.	
15	perineal exposure, not necessarily		15	A. I don't recall that specific	
16	inhalation.		16	conclusion. I'd have to look at it again.	
17	BY MS. BROWN:		17	So are we talking about IARC 10? Which one	
18	Q. When you're evaluating a		18	are you	
19	patient for a suspected ovarian cancer, do		19	BY MS. BROWN:	
20	you inquire about any markers of asbestos		20	Q. I'm just asking if you recall	
21	exposure, like pleural plaques or		21	and if you considered that conclusion?	
22	mesothelioma or anything like that,		22	MS. O'DELL: Could you repeat	
23	interstitial fibrosus?		23	the question, please?	
24	A. Do I inquire about them? Do		24	1 /1	
					$\longrightarrow$
		Page 339			Page 341
1	vou mean do Linvestigate	Page 339	1	RV MS RROWN:	Page 341
1 2	you mean do I investigate	Page 339	1 2	BY MS. BROWN:	Page 341
2	Q. Yes.	Page 339	2	Q. Do you recall and did you	Page 341
2 3	<ul><li>Q. Yes.</li><li>A if they have any of those,</li></ul>	Page 339	2 3	Q. Do you recall and did you consider IARC's conclusion, that some of the	Page 341
2 3 4	Q. Yes. A if they have any of those, yes.	Page 339	2 3 4	Q. Do you recall and did you consider IARC's conclusion, that some of the best epidemiology as it relates to inhalation	Page 341
2 3 4 5	<ul><li>Q. Yes.</li><li>A if they have any of those,</li><li>yes.</li><li>Q. Do you believe that if talcum</li></ul>	Page 339	2 3 4 5	Q. Do you recall and did you consider IARC's conclusion, that some of the best epidemiology as it relates to inhalation of a nonasbestiform tale, is the miners and	Page 341
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	Page 342			Page 344
1	form, asked and answered.	1	there's a lot of abnormalities in the lung	
2	A. So I'm not sure what you're	2	from breathing in talcum powder. And I'm	
3	asking. What I believe I'm hearing is,	3	losing myself because I'm not sure of the	
4	you're asking if there's asbestos in talcum	4	question again. Should can you let me	
5	powder, why don't miners and millers get	5	tell you what I think you're asking me.	
6	ovarian cancer?	6	BY MS. BROWN:	
7	BY MS. BROWN:	7	Q. Why don't I just rephrase the	
8	Q. Exactly. Have you considered	8	question and try to do this bit by bit.	
9	the fact that that epidemiology shows no	9	A. Okay.	
10	mesothelioma?	10	Q. You would agree that	
11	MS. O'DELL: Object to the	11	mesothelioma is a disease that is often	
12	form.	12	caused by asbestos exposure?	
13	A. That's a different question,	13	A. Yes.	
14	because I'm not talking about mesothelioma.	14	Q. Some people refer to it as a	
15	I'm talking about epithelial ovarian cancer.	15	signature asbestos-related disease, correct?	
16	BY MS. BROWN:	16	MS. O'DELL: If you know.	
17	Q. And a second ago I asked you if	17	A. I don't know that term	
18	you thought that talc was contaminated with	18	"signature." That's not something that	
19	asbestos and people were really breathing it	19	BY MS. BROWN:	
20	in, shouldn't it be causing mesothelioma in	20	Q. And you have offered the	
21	women? And I thought your testimony was yes.	21	opinion here today that talcum powder is	
22	MS. O'DELL: Object to the	22	contaminated with asbestos, right?	
23	form.	23	A. Yes.	
24	A. No, you asked me do I	24	Q. And you have offered the	
	Page 343			Page 345
1	Page 343 investigate if women who I think might have	1	opinion that perineal use of talcum powder	Page 345
1 2		1 2	opinion that perineal use of talcum powder could reach the ovaries via inhalation,	Page 345
	investigate if women who I think might have			Page 345
2 3 4	investigate if women who I think might have ovarian cancer might have abnormalities in the chest, including abnormalities associated with mesothelioma, and I said, yes, I do,	2	could reach the ovaries via inhalation,	Page 345
2 3 4 5	investigate if women who I think might have ovarian cancer might have abnormalities in the chest, including abnormalities associated with mesothelioma, and I said, yes, I do, because women with ovarian cancer often have	2 3	could reach the ovaries via inhalation, correct?  A. Yes. Q. And so my question to you is,	Page 345
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	Pas	ge 346			Page 348
1		50.0	1	BY MS. BROWN:	r uge o ro
$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	MS. O'DELL: Object to the form.		1 2		
3			3	Q. Does your current institution, the Community Health Practice, does it advise	
4	THE WITNESS: Are you just objecting?		4		
	MS. O'DELL: Yes.		5	women that perineal use of talcum powder causes ovarian cancer?	
5	THE WITNESS: I wasn't sure if				
6			6 7	A. So in my practice, it's me, a physician's assistant and a nurse	
8	I was supposed to answer or not.		8	<u> </u>	
9	A. In that study, those patients		9	practitioner and one other GYN oncologist. I	
10	did not get mesothelioma. So again, the		10	do, my physician's assistant does, my nurse	
11	question is, might talcum powder applied		11	practitioner does. I don't know about my	
12	perineally cause ovarian cancer by via an		12	partner.  O. And we talked a little bit	
13	inhalation route? Yes, I think that could		13		
14	happen. Do I think those people should be		14	earlier about when you started that practice.	
15	getting mesothelioma, because I have evidence that that talcum powder is contaminated with		15	Do you recall when you started telling	
16	*		16	patients your belief that talcum powder use causes ovarian cancer?	
17	mesothelioma? I don't know. Maybe. BY MS. BROWN:		17		
18			18	A. I started asking my patients	
19	Q. Did you look, in evaluating the occupational studies that IARC relies on in		19	about their use and telling them to stop or	
20	*		20	not use it once I started reviewing all of	
21	concluding that heavy occupational exposure		21	the literature and formed my opinion.	
22	to asbestos causes ovarian cancer, did you look at how the relative risks for ovarian		21	Q. You made a motion, all the	
23			23	literature that's in front of you, right?  A. Yes.	
23	cancer in those studies compared to the relative risks for mesothelioma?		23 24		
24	relative fisks for mesotheriona?		24	Q. So you	
	Pag	ge 347			Page 349
		ge 347	1	MS. O'DELL: Which is not just	Page 349
1 2	A. Yes.	ge 347		MS. O'DELL: Which is not just in front of you, but we're talking	Page 349
2	<ul><li>A. Yes.</li><li>Q. And what was the conclusion</li></ul>	ge 347	2	in front of you, but we're talking	Page 349
2 3	A. Yes. Q. And what was the conclusion there, Doctor?	ge 347	2 3		Page 349
2 3 4	<ul><li>A. Yes.</li><li>Q. And what was the conclusion there, Doctor?</li><li>A. The relative risks of</li></ul>	ge 347	2 3 4	in front of you, but we're talking about what's on the side table as well.	Page 349
2 3 4 5	<ul><li>A. Yes.</li><li>Q. And what was the conclusion there, Doctor?</li><li>A. The relative risks of mesothelioma is higher.</li></ul>	ge 347	2 3 4 5	in front of you, but we're talking about what's on the side table as well.  THE WITNESS: Yes.	Page 349
2 3 4	<ul><li>A. Yes.</li><li>Q. And what was the conclusion there, Doctor?</li><li>A. The relative risks of</li></ul>	ge 347	2 3 4	in front of you, but we're talking about what's on the side table as well.	Page 349
2 3 4 5 6 7	A. Yes. Q. And what was the conclusion there, Doctor? A. The relative risks of mesothelioma is higher. Q. By how much? A. I can't remember. A lot.	ge 347	2 3 4 5 6 7	in front of you, but we're talking about what's on the side table as well.  THE WITNESS: Yes. MS. BROWN: Fair. BY MS. BROWN:	Page 349
2 3 4 5 6	<ul> <li>A. Yes.</li> <li>Q. And what was the conclusion there, Doctor?</li> <li>A. The relative risks of mesothelioma is higher.</li> <li>Q. By how much?</li> </ul>	ge 347	2 3 4 5 6	in front of you, but we're talking about what's on the side table as well.  THE WITNESS: Yes. MS. BROWN: Fair. BY MS. BROWN: Q. So to be clear, you started the	Page 349
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# Case 3:16-md-02738-MAS-RLS Document 9733-4 Filed 05/07/19 Page 90 of 124 PageID: 34558 Judith K. Wolf, M.D.

1 literature, yes. 2 Q. Okay. And so prior to that 3 time, it was not your practice to ask 4 patients whether or not they used talcum 5 powder, corner? 6 A. Not as a routine. However, if 6 A. Yes. 7 I saw somebody who, when I examined them, 8 obviously was using fatelum powder, 1 9 recommended they not use it. They stop. 10 Q. Do you agree, Dector, that much 11 about ovarian cancer is shrouded in mystery, 12 from causes to early detection to effective 13 treatments? 14 MS. O'DELL: Object to the 15 form. 16 A. I would not agree with that 15 statement. 17 for statements. 18 BY MS. BROWN: 19 Q. Let's mark this as Exhibit 20. 20 (Deposition Exhibit 20 marked 21 for identification.) 21 for dentification.) 22 BY MS. BROWN: 23 Q. Handing you, Doctor, an article 24 entilled "The Puture of Ovarian Cancer  10 Diagnosis is Now - Through These 4 2 strategies," by Judy Wolf, November 11th, 2015. Is this an article that you wrote, 4 Doctor? First of all, is that your picture 6 A. It is. 20 Q. Okay. And this article, dated 20 November 11th, 2015. has your byline and 21 private sector, authoring a number of 22 at articles that were posted on a website called 23 nopel/vicnass.com? 24 A. Yes. 25 A. Yes. 26 Q. Okay. And so wise as part of 26 A. Yes. 27 A. Tree 28 A. Yes. 29 Q. Okay. And so wise as part of 29 talk well-known causes of ovarian cancer is a talcement. 29 to you that this was used as part of 29 can tell you that this was used as part of 29 can tell you that this was used as part of 29 can tell you that this was used as part of 29 can tell you that this was used as part of 29 talk was not to talk about the importance of diagnosis 29 and information in relationship to the 29 concologist if we had a pelvic mass. 20 (Deposition Exhibit 20 marked 21 by the private and pelvic mass. 21 Diagnosis is Now - Through These 4 22 strategies, "by Judy Wolf, November 11th, 23 Distance of the target was a proceeding women when you write about issues concerning women, the lattice with this it is important to be truthful with 24 women w			Page 350		Page 352
2 Q. Ökay. And so prior to that 3 time, it was not your predice to ask 4 patients whether or not they used talcum 5 powder, correct? 6 A. Not as a routine. However, if 7 I saw somebody who, when I examined them, 8 obviously was using talcum powder, I 9 recommended they not use it. They stop. 10 Q. Do you agree, Doctor, that much 11 about ovarian cancer is shrouded in mystery, 12 from causes to early detection to effective 13 treatments? 14 MS. O'DELL: Object to the 15 form. 16 A. I would not agree with that 16 A. I would not agree with that 17 statement. 18 BY MS. BROWN: 19 Q. Let's mark this as Exhibit 20. 20 (Deposition Exhibit 20 marked 21 for identification.) 22 BY MS. BROWN: 23 Q. Handing you, Doctor, an article 24 entitled "The Future of Ovarian Cancer  Page 251  1 Diagnosis is Now - Through These 4 2 strategies," by Judy Wolf, November 11th, 3 2015. Is this an article that you wrote, 4 Doctor; First of all, is that your picture 5 next to Judy Wolf on the first page? 5 A. It is 6 A. I close. 7 Q. Okay. And certainly as a doctor, as a gynecologic oncologist, you think it's important to be truthful with women's health, right?  November 2015, you do not believe that one of the well-known causes of ovarian cancer is 1 can tell you that this was used as part of 1 the was to talk about risk factors. It was to talk about fisk factors. It was to talk about the importance of diagnosis and information in relationship to the company that I was working, and the point of the well-known causes of ovarian cancer is 1 delum powder use. True? 11 A. I can't remember the time. I 2 can tell you that this was used as part of 2 the well-known causes of ovarian cancer is 1 delum powder use. True? 11 A. I can't remember the time. I 2 can tell you that this was used as part of 2 to the well-known causes of ovarian cancer is 1 to talcum powder use. True? 1 A. I can't remember the time. I 2 can tell you that this was used as part of 2 to the well-known causes of ovarian cancer is 1 to talcum powder use. True? 1 Diagnosi is fow that	1	literature ves		1	•
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15	14	MS. O'DELL: Object to the		14	
16 A. I would not agree with that statement. 17 and informing women, the general lay and informing women, the general lay population, about getting to a gynecologic porcologist if they had a pelvic mass. Q. The information contained in Exhibit 20 was meant for patients who 22 BY MS. BROWN: 21 Exhibit 20 was meant for patients who 22 BY MS. BROWN: 22 A. For women. 22 Handing you, Doctor, an article entitled "The Future of Ovarian Cancer 24 A. For women. 25 entitled "The Future of Ovarian Cancer 26 entitled "The Future of Ovarian Cancer 27 A. For women. 28 A. For women. 29 A. For women. 29 A. For women. 29 A. For women. 20 G. Okay. And certainly as a doctor, as a gynecologic oncologist, you withink it's important to be truthful with women when you write about issues concerning women's health, right? 4 Women when you write about issues concerning women's health, right? 4 I don't see anything on here women's health, right? 4 I don't see anything on here what was is untruthful. 10 Q. Okay. And do you recall, 11 Q. Okay. And do you recall, 12 during the time period that you were in the private sector, authoring a number of 13 dor firm period that you were in the private sector, authoring a number of 13 doring the time period that you were in the private sector, authoring a number of 14 articles that were posted on a website called 15 nopelvicmass.com? 15 A. Yes. 16 Q. Because the intended recipient of your writing are women who have or may a tricles potentially? 18 have ovarian cancer, right? 19 A. Yes. 9 Q. Okay. And as we just as I 20 (Deposition Exhibit 21 marked for identification.) 19 YMS. BROWN: 20 C. I'm handing you, Doctor, what 20 C. I'm handi	15			15	
17 statement.  18 BY MS. BROWN:  19 Q. Let's mark this as Exhibit 20.  20 (Deposition Exhibit 20 marked 21 for identification.)  21 Exhibit 20 was meant for patients who  22 BY MS. BROWN:  23 Q. Handing you, Doctor, an article 24 entitled "The Future of Ovarian Cancer  25 Page 351  1 Diagnosis is Now - Through These 4 2 strategies," by Judy Wolf, November 11th, 3 2015. Is this an article that you wrote, 4 Doctor? First of all, is that your picture 5 next to Judy Wolf on the first page? 6 A. It is. 7 Q. Okay. And this article, dated 8 November 11th, 2015, has your byline and picture, right? 10 A. It does. 11 Q. Okay. And do you recall, 4 during the time period that you were in the private sector, authoring a number of articles that were posted on a website called nopelvicmass.com? 18 articles potentially? 19 A. Yes. 20 Q. And was this one of those articles potentially? 21 gust read, the article that has your picture articles potentially? 22 A. For women. 23 Q. For women. 24 A. For women. 25 Q. Okay. And certainly as a doctor, as a gynecologic oncologist, you think it's important to be truthful with women when you write about issues concerning women when you write about issues concerning women when you write about issues concerning women, the general lay population, about getting to a gynecologic oncologist if they had a pelvic mass. 20 Q. The information contained in Exhibit 20 was meant for patients who 24 A. For women. 25 Q. For women. 26 A. For women. 27 Q. Okay. And certainly as a doctor, as a gynecologic oncologist, you think it's important to be truthful with women when you write about issues concerning women, the general lay of contents. 26 M. For women. 27 Q. For women. 28 Q. For women. 29 Q. For women. 20 Q. Okay. And certainly as a doctor, as a gynecologic oncologist, you think it's important to be truthful with women when you write about osues oncerning women when you write about issues concerning write and policy in the first page and think it's important to be truthful? 20 Q. Because the inten	16	A. I would not agree with that		16	
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19 Q. Let's mark this as Exhibit 20. (Deposition Exhibit 20 marked 20 (Deposition Exhibit 20 marked 20 (Deposition Exhibit 20 marked 21 for identification.) 21 Exhibit 20 was meant for patients who 22 BY MS. BROWN: 22 A. For women. 24 entitled "The Future of Ovarian Cancer 24 A. For women. 25 Q. Handing you, Doctor, an article 26 entitled "The Future of Ovarian Cancer 27 A. For women. 26 Page 353 Page 353 Q. For women. 27 A. For women. 28 Strategies," by Judy Wolf, November 11th, 2015. Is this an article that you wrote, 29 Doctor? First of all, is that your picture 20 next to Judy Wolf on the first page? 20 Doctor? First of all, is that your picture 20 November 11th, 2015, has your byline and 20 picture, right? 20 Doctor? First of all, is that your picture 30 November 11th, 2015, has your byline and 30 picture, right? 30 Doctor, and this article, dated 31 Picture, right? 31 Doctor, and this article, dated 32 Doctor, and this article, dated 33 Doctor, and this article, dated 34 Doctor, and this article, dated 35 Doctor, and this article, dated 36 Doctor, and this article, dated 37 Doctor, and this article, dated 39 picture, right? 30 Doctor, and this article, dated 30 Doctor, and an article that was pour picture 30 Doctor, an article 30 Doctor, an article 30 Doctor, what 30 Doctor, what 30 Doctor, what 31 Doctor, what 31 Doctor, what 32 Doctor, what	18	BY MS. BROWN:		18	
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21 for identification.) 22 BY MS. BROWN: 23 Q. Handing you, Doctor, an article 24 entitled "The Future of Ovarian Cancer  Page 351  Diagnosis is Now - Through These 4 2 strategies," by Judy Wolf, November 11th, 3 2015. Is this an article that you wrote, 4 Doctor? First of all, is that your picture next to Judy Wolf on the first page? 6 A. It is. 7 Q. Okay. And this article, dated 8 November 11th, 2015, has your byline and picture, right? 9 A. It does. 10 Q. Okay. And do you recall, 11 quiring the time period that you were in the private sector, authoring a number of 13 articles that were posted on a website called nopelvicmass.com? 16 A. Yes. 17 Q. And was this one of those articles potentially? 18 articles potentially? 19 A. Yes. 20 Q. Okay. And as we just – as I just reach the article that has your picture and name on it says, "So much about ovarian cancer is shrouded in mystery, from causes to  21 Exhibit 20 was meant for patients who – A. For women.  22 A. For women.  23 Q. For women.  24 A. For women.  24 A. For women.  25 Q. Okay. And certainly as a doctor, as a gynecologic oncologist, you think it's important to be truthful with women when you write about issues concerning women's health, right?  5 MS. O'DELL: Object to the form.  6 MS. O'DELL: Object to the form.  7 form.  A. I don't see anything on here that was — is untruthful.  BY MS. BROWN:  Q. I'm not suggesting that. I was just asking you, that when you write, as you do often, information about women's health, you'd agree it's important to be truthful?  A. Yes.  Q. Because the intended recipient of your writing are women who have or may have ovarian cancer, right?  A. Yes.  Q. Okay. And as we just – as I go provided in mystery, from causes to Q. I'm handing you, Doctor, what	20	(Deposition Exhibit 20 marked		20	
Q. Handing you, Doctor, an article entitled "The Future of Ovarian Cancer  Page 351  Diagnosis is Now - Through These 4 2 strategies," by Judy Wolf, November 11th, 2 2 doctor, as a gynecologic oncologist, you think it's important to be truthful with women when you write about issues concerning women's health, right?  A. It is.  Q. Okay. And this article, dated November 11th, 2015, has your byline and picture, right?  A. It does.  Q. Okay. And do you recall, during the time period that you were in the articles that were posted on a website called nopelvicmass.com?  A. Yes.  Q. And was this one of those articles potentially?  A. Yes.  Q. Okay. And as we just as I you reall, lyst read, the article that has your picture and name on it says, "So much about ovarian cancer is shrouded in mystery, from causes to  Page 353  Q. For women.  Page 353  A. For women.  Page 353  Q. Okay. And certainly as a doctor, as a gynecologic oncologist, you think it's important to be truthful with women when you write about issues concerning women's health, right?  MS. O'DELL: Object to the form.  A. I don't see anything on here that was is untruthful.  BY MS. BROWN:  Q. I'm not suggesting that. I was just asking you, that when you write, as you do often, information about women's health, you'd agree it's important to be truthful?  A. Yes.  Q. And was this one of those articles potentially?  A. Yes.  Q. Okay. And as we just as I your writing are women who have or may have ovarian cancer, right?  A. Yes.  Q. Okay. And as we just as I your writing are women who have or may have ovarian cancer, right?  A. Yes.  Q. Okay. And as we just as I your writing are women who have or may have ovarian cancer, right?  A. Yes.  Q. Okay. And as we just as I your writing are women who have or may have ovarian cancer, right?  A. Yes.  Q. Okay. And as we just as I your writing are women who have or may have ovarian cancer, right?  A. Yes.  Q. Okay. And as we just as I your writing are women who have or may have ovarian cancer. Pight	21			21	Exhibit 20 was meant for patients who
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Diagnosis is Now - Through These 4 strategies," by Judy Wolf, November 11th, 2 doctor, as a gynecologic oncologist, you think it's important to be truthful with women when you write about issues concerning women's health, right?  A. It is. O. Okay. And this article, dated November 11th, 2015, has your byline and picture, right? A. It does. O. Okay. And do you recall, during the time period that you were in the private sector, authoring a number of articles that were posted on a website called nopelvicmass.com? A. Yes. O. Okay. And was this one of those articles potentially? A. Yes. O. Okay. And as we just as I just read, the article that has your picture 21 just read, the article that has your picture 22 and name on it says, "So much about ovarian 23 Carner is shrouded in mystery, from causes to  Diagnosis is Now - Through These 4  1 Q. Okay. And certainly as a doctor, as a gynecologic oncologist, you think it's important to be truthful women when you write about issues concerning women when you write about issues concerning women when you write about issues concerning women's health, right?  M. MS. O'DELL: Object to the form.  A. I don't see anything on here that was is untruthful.  BY MS. BROWN:  Q. I'm not suggesting that. I was just asking you, that when you write, as you do often, information about women's health, you'd agree it's important to be truthful?  A. Yes. Q. Because the intended recipient of your writing are women who have or may have ovarian cancer, right?  A. Yes.  Do Okay. And as we just as I Just read, the article that has your picture and name on it says, "So much about ovarian 22 BY MS. BROWN:  3 doctor, as a gynecologic oncologist, you doctor, as a gynecologic oncologist, you think it's important to be truthful women's health, right?  Moctor, as a gynecologic next being about ovarian to he truthful.  A. It does.  Q. I'm handing you, Doctor, what	23	Q. Handing you, Doctor, an article		23	Q. For women.
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3 2015. Is this an article that you wrote, 4 Doctor? First of all, is that your picture 5 next to Judy Wolf on the first page? 6 A. It is. 7 Q. Okay. And this article, dated 8 November 11th, 2015, has your byline and 9 picture, right? 10 A. It does. 11 Q. Okay. And do you recall, 12 during the time period that you were in the 13 private sector, authoring a number of 14 articles that were posted on a website called 15 nopelvicmass.com? 16 A. Yes. 17 Q. And was this one of those 18 A. Yes. 19 A. Yes. 20 Q. Okay. And as we just as I 21 just read, the article that has your picture 22 and name on it says, "So much about ovarian 23 cancer is shrouded in mystery, from causes to  3 think it's important to be truthful with 4 women when you write about issues concerning 4 women when you write about issues concerning 5 women's health, right? 6 MS. O'DELL: Object to the 7 form. A. I don't see anything on here 6 that was is untruthful. 7 Q. I'm not suggesting that. I was 9 just asking you, that when you write, as you 10 do often, information about women's health, 11 you'd agree it's important to be truthful? 12 A. Yes. 13 Q. Because the intended recipient 14 of your writing are women who have or may 15 have ovarian cancer, right? 16 A. Yes. 17 Q. Because the intended recipient 18 have ovarian cancer, right? 19 A. Yes. 19 A. Yes. 20 (Deposition Exhibit 21 marked 21 just read, the article that has your picture 22 and name on it says, "So much about ovarian 23 cancer is shrouded in mystery, from causes to  3 think it's important to be truthful with 4 women when you write about issues concerning 4 women's health, right?  6 MS. O'DELL: Object to the 7 form.  8 A. I don't see anything on here 19 that was is untruthful. 10 BY MS. BROWN: 21 Q. O'm not suggesting that. I was 22 do often, information about women's health, 23 upurity as a very supurity as you, that when you write, as you 24 often, information about women's health, 25 upurity as a very supurity as you, that when you wite, as you 26 often, information about wom	1	Diagnosis is Now - Through These 4			
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6 A. It is. 7 Q. Okay. And this article, dated 8 November 11th, 2015, has your byline and 9 picture, right? 10 A. It does. 11 Q. Okay. And do you recall, 11 Q. I'm not suggesting that. I was 12 during the time period that you were in the 13 private sector, authoring a number of 14 articles that were posted on a website called 15 nopelvicmass.com? 16 A. Yes. 17 Q. And was this one of those 18 articles potentially? 19 A. Yes. 20 Q. Okay. And as we just as I 20 (Deposition Exhibit 21 marked 21 just read, the article that has your picture 22 and name on it says, "So much about ovarian 23 cancer is shrouded in mystery, from causes to 24 don't see anything on here 26 hat was is untruthful. 27 blanks A. I don't see anything on here 28 A. I don't see anything on here 29 that was is untruthful. 20 BY MS. BROWN: 21 do often, information about women's health, 21 you'd agree it's important to be truthful? 22 A. Yes. 23 (Deposition Exhibit 21 marked 24 for identification.) 25 BY MS. BROWN: 26 (Discovery anything on here 27 form. 28 A. I don't see anything on here 29 that was is untruthful. 29 that was is untruthful. 20 BY MS. BROWN: 21 do often, information about women's health, 22 you'd agree it's important to be truthful? 24 A. Yes. 25 (D. Because the intended recipient 26 of your writing are women who have or may 27 (Deposition Exhibit 21 marked 28 (Deposition Exhibit 21 marked 29 that was is untruthful. 29 that was is untruthful. 20 I'm handing you, Doctor, what	2	strategies," by Judy Wolf, November 11th, 2015. Is this an article that you wrote,		2 3	doctor, as a gynecologic oncologist, you think it's important to be truthful with
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		Page 354			Page 356
1	deposition. This is another article with	Ü	1	ovarian cancer, right?	
2	your name and picture, entitled "How to find		2	A. Yes.	
3	the best doctor for ovarian cancer." Do you		3	Q. And then the fourth is close	
4	recall writing this article?		4	relatives with a history of breast cancer or	
5	A. Not specifically, but I know I		5	ovarian cancer at any age, right?	
6	did a lot of these while I was working at		6	A. Yes.	
7	Vermillion.		7	Q. And then the fourth and fifth	
8	Q. Okay. And just to close the		8	have to do with the Ashkenazi Jewish	
9	loop, Exhibit 20, even though you don't		9	heritage, correct?	
10	necessarily recall writing it, you don't		10	A. Yes.	
11	dispute this is something that you did write,		11	Q. And one of the things you did	
12	correct?		12	not list in December of 2015 as a risk factor	
13	A. I'm not disputing that.		13	for ovarian cancer, was genital use of talcum	
14	Q. Okay. And the same for		14	powder, correct?	
15	Exhibit 21, you don't dispute that this		15	A. I did not use list any	
16	article is something you wrote in December of		16	nonhereditary risk.	1
17	2015?		17	Q. And that would include talcum	
18	A. That's correct.		18	powder, correct?	
19	Q. Okay. And this, again, was an		19	A. Including talcum powder,	
20	article aimed at folks who women who may		20	endometriosis, obesity, any hormonal	
21	be concerned about ovarian cancer, correct?		21	replacement.	
22	A. Yes.		22	Q. Sorry. Are you done?	
23	Q. And one of the things you did		23	A. I'm done.	
24	in this article was to identify risk factors		24	Q. And that's in part, Doctor,	
		Page 355			Page 357
1	for ovarian cancer. True?	Page 355	1	because in December of 2015, you had not	Page 357
1 2	for ovarian cancer. True?  A. All listed here are familial	Page 355	1 2	because in December of 2015, you had not formed the opinion that genital use of talcum	Page 357
	A. All listed here are familial risk factors.	Page 355		formed the opinion that genital use of talcum powder causes ovarian cancer. True?	Page 357
2 3 4	<ul><li>A. All listed here are familial risk factors.</li><li>Q. And the title of the section</li></ul>	Page 355	2 3 4	formed the opinion that genital use of talcum	Page 357
2 3 4 5	<ul><li>A. All listed here are familial risk factors.</li><li>Q. And the title of the section you have in this well, first, you say,</li></ul>	Page 355	2 3	formed the opinion that genital use of talcum powder causes ovarian cancer. True?  MS. O'DELL: Object to the form.	Page 357
2 3 4 5 6	A. All listed here are familial risk factors.  Q. And the title of the section you have in this well, first, you say, "What are the odds," right? The odds of	Page 355	2 3 4 5 6	formed the opinion that genital use of talcum powder causes ovarian cancer. True?  MS. O'DELL: Object to the form.  A. That was prior to my doing any	Page 357
2 3 4 5 6 7	A. All listed here are familial risk factors.  Q. And the title of the section you have in this well, first, you say, "What are the odds," right? The odds of getting ovarian cancer, right? And you say	Page 355	2 3 4 5 6 7	formed the opinion that genital use of talcum powder causes ovarian cancer. True?  MS. O'DELL: Object to the form.  A. That was prior to my doing any of the review of all the literature.	Page 357
2 3 4 5 6 7 8	A. All listed here are familial risk factors.  Q. And the title of the section you have in this well, first, you say, "What are the odds," right? The odds of getting ovarian cancer, right? And you say one place to start is by considering your	Page 355	2 3 4 5 6 7 8	formed the opinion that genital use of talcum powder causes ovarian cancer. True?  MS. O'DELL: Object to the form.  A. That was prior to my doing any of the review of all the literature.  BY MS. BROWN:	Page 357
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# Case 3:16-md-02738-MAS-RLS Document 9733-4 Filed 05/07/19 Page 92 of 124 PageID: 34560 Judith K. Wolf, M.D.

		Page 358		Page	360
1	related to the report that we've been	1 age 330	1	report and the references and write a review	300
$\begin{array}{ c c }\hline 1\\ 2\end{array}$	related to the report that we've been discussing today?		2	paper and submit it for publication.	
3	A. Yes.		3	Q. Have you done any work to that	
4	Q. Okay. And in total, does it		4	end yet, Doctor?	
5	sound about right to you, you've charged the		5	A. I haven't.	
6	plaintiffs' lawyers for about 83 hours in		6	Q. Do have you have any journals	
7	connection with your work?		7	in mind where you intend to submit that	
8	A. That seems about right.		8	review?	
9	Q. And your rate is \$600 an		9	A. I haven't decided for sure yet.	
10	hour		10	The journals that I read the most and most	
11	A. Yes.		11	GYN oncologists read, are the GYN Oncology,	
12	Q is that correct? And how		12	the Journal of Clinical Oncology, The Gray	
13	did you come up with that rate?		13	Journal, the ACOG journal, which is called	
14	A. I asked I asked my friend		14	The Green Journal. So I would probably	
15	Ali, what do people usually charge for this		15	choose one of those because clinicians read	
16	kind of thing, and then I kind of picked a		16	them.	
17	rate in what I felt like was in the		17	Q. Are you a member of ACOG?	
18	middle.		18	A. I am.	
19	Q. And so if I wanted to know how		19	Q. And are you a member of SGO?	- 1
20	much money the plaintiffs' lawyers have paid		20	A. I am.	
21	you in total for your work in the talc		21	Q. And in forming your opinions in	
22	litigation, I could multiply 600 by 83 and		22	this case, did you consider the risk factors	
23	that should be about right?		23	that ACOG and SGO recognize for ovarian	
24	A. That should be about right.		24	cancer?	
		Page 359		Page	361
1	Q. Do you have any additional	Page 359	1	Page A. Yes.	361
1 2	• •	Page 359	1 2	A. Yes.	361
	plans to do additional expert work for the	Page 359		A. Yes.	361
2	plans to do additional expert work for the plaintiffs in the talc litigation?	Page 359	2	<ul><li>A. Yes.</li><li>Q. And are you aware that in their</li></ul>	361
2 3	plans to do additional expert work for the plaintiffs in the talc litigation?	Page 359	2 3	<ul><li>A. Yes.</li><li>Q. And are you aware that in their patient-facing websites, as well as any of</li></ul>	361
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	plans to do additional expert work for the plaintiffs in the talc litigation?  A. I mean, completing out whatever happens with this case.  Q. Other than what we're here about today, right?  A. That's that's all I have planned.  Q. Do you have a website in connection with your current practice?  A. I do.  Q. And do you indicate on your website that talcum powder causes ovarian cancer?  A. I don't believe I talk about any risk specific risk factors for ovarian cancer. That website is to introduce patients to who I am and how I like to practice.  Q. Do you have any plans to publicize your belief that talcum powder	Page 359	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Yes. Q. And are you aware that in their patient-facing websites, as well as any of their publicly related information about ovarian cancer, neither SGO nor ACOG identifies perineal use of talcum powder as a risk factor for ovarian cancer? A. I am aware of that. Q. And do you believe that the doctors and the scientists at SGO and ACOG simply have not reviewed all of the data regarding perineal use of talcum powder and ovarian cancer? A. It's my understanding that most of the GYN oncologists probably have not reviewed the literature to the extent of which I have reviewed it. And given that the volume of literature has increased recently, it takes time for societies like SGO and ACOG to come up with an opinion. It has to go through a committee and various steps to come out. I don't think this is something that's	361

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	Page 362			Page 364
1	about it, to help inform my colleagues.	1	BY MS. BROWN:	
2	Q. Have you contacted anyone at	2	Q. Okay. And it sounds like you	
3	ACOG or SGO and told them that you think they	3	nonetheless, have raised the issue with some	
4	need to update their website and list that	4	folks at the coalition, correct?	
5	talcum powder causes ovarian cancer?	5	A. Yes.	
6	A. I haven't yet.	6	Q. And it sounds like they don't	
7	Q. Do you intend to do that?	7	agree with your assessment, correct?	
8	A. I intend to write a letter to	8	MS. O'DELL: Object to the	
9	SGO with my concerns, asking them to review	9	form.	
10	it. I think that's the first step, is they	10	A. The last time I raised it,	
11	have to review the literature on their own.	11	which was in the spring, at the meeting that	
12	Q. And you have been doing this	12	is in conjunction with the Society of GYN	
13	talcum powder work for the plaintiffs'	13	Oncology, they didn't want to address it,	
14	lawyers for a little over a year now; is that	14	they didn't want to take it on as something	
15	right?	15	to review.	
16	A. Yes.	16	BY MS. BROWN:	
17	Q. And during that time period,	17	Q. But do you think, generally,	
18	you haven't contacted any of your	18	the doctors and the scientists at	
19	professional organizations to inform them of	19	organizations like ACOG and SGO and the	
20	your view that talc causes ovarian cancer?	20	National Ovarian Cancer Coalition are working	3
21	MS. O'DELL: Object to the	21	very hard to protect women's health issues?	
22	form.	22	MS. O'DELL: Object to the	
23	A. I have talked to individual	23	form.	
24	colleagues who practice GYN oncology, and I	24	A. I think that all of those	
	Page 363			Page 365
1	have talked to the National Ovarian Cancer	1	societies and many other advocacy groups are	
2	Coalition Medical Advisory Board, of which	2	doing what they think is best to protect	
3	I'm on the board. I used to be on the	3	women's health.	
4	advisory board. And at the time that I	4	BY MS. BROWN:	
5	raised it, there wasn't a lot of interest in	5	Q. Have you considered the	
6	pursuing it.	6	possibility that these folks at ACOG, at SGO,	
7	BY MS. BROWN:	7	at NCI, at FDA, at IARC have reviewed the	
8	Q. And so one of the organizations	8	same data that you have and come to a	
9	you referenced and to your credit have done a	9	different conclusion?	
10	lot of work with, is the National Ovarian	10	MS. O'DELL: Object to the	
11	Cancer Coalition, right?	11	form.	
12	A. Yes.	12	A. I don't have all of the	
13	Q. And as you well know, as	13	information about what they've reviewed or	
14	someone who's been very active in that	14	not reviewed. And some of those, I know that	
15	organization, they too have a statement on	15	they didn't have all of the data and some of	
16	talcum powder, right?	16	them, like the National Ovarian Cancer	
17	A. Yes.	17	Coalition, I know they haven't reviewed the	
18	Q. And the National Ovarian Cancer	18	data. I don't know that SGO has done that at	
19	Coalition does not believe that the evidence	19	any time recently. If you go to their	
20	supports that talcum powder causes ovarian	20	website, they refer you to ACOG. So I can't	
21 22	cancer, right?	21 22	make that statement. BY MS. BROWN:	
22	MS. O'DELL: Object to form.  A. That's what their statement	23		
23		23	Q. You don't have those sitting here as someone who's been active in the	- 1
	says.	+	note as someone who s been active in the	

# Case 3:16-md-02738-MAS-RLS Document 9733-4 Filed 05/07/19 Page 94 of 124 PageID: 34562 Judith K. Wolf, M.D.

women's health field for almost 30 years, you don't have any reason to believe that the cond thave any reason to believe that the folks at ACOG, SGO, FDA, NCI, CDC have not kept up-to-date with the tale and ovarian cancer epidemiology?  MS. O'DELL: Object to the form, misstates her testimony, assumes things not in the record.  A. My assumption is that some people in all of those has looked at all of 2 anyone, in any of those has looked at all of 3 anyone, in any of those has looked at all of 3 anyone, in any of those has looked at all of 6 at the evidence is by using sort of your interpretation of Bradford Hill; is that 7 infph?  MS. O'DELL: Object to the 6 as a strong association. It doesn't have to be a high number, and Bradford Hill explain how I interpreted the data that I reviewed.  Day MS. O'DELL: Object to the 6 form.  Day on methodology, though, as it relates to 6 form.  Day on methodology, though, as it relates to 6 form.  A. Not less reliance on dose response. right?  MS. O'DELL: Object to the 6 form.  Day on methodology, though, as it relates to 6 form.  Day on methodology, though, as it relates to 6 form.  A. Not less reliance on dose response. right?  MS. O'DELL: Object to the 6 form.  Day MS. O'DELL: Object to the 6 form.  Day on methodology, though, as it relates to 6 form.  Day on methodology, though, as it relates to 6 form.  Day on methodology, though, as it relates to 6 form.  Day on methodology, though, as it relates to 6 form.  Day on methodology, though, as it relates to 6 form.  Day on methodology, though, as it relates to 6 form.  Day on methodology, though, as it relates to 6 form.  Day on methodology, though, as it relates to 6 form.  Day on methodology, though, as it relates to 6 form.  Day of the data that I reviewe		Page 366			Page 368
don't have any reason to believe that the folks at ACOG, SGO, PDA, NCL, CDC have not tept up-to-date with the talc and ovarian cancer epidemiology?  MS. O'DELL: Object to the form, misstates her testimony, assumes things not in the record.  A. My assumption is that some popolably read some of the data. I'm not sure who, if any one of the data. I'm not sure who, if the evidence in the way that I have done.  BY MS. BROWN:  A. And the way that I have done.  BY MS. BROWN:  The worden of the data. I'm not sure who, if any one, in any of those has looked at all of those hace in the way that I have done.  BY MS. BROWN:  The worden of the data is a whole, 1, 3 to 1,4 odds ratio.  BY MS. BROWN:  The worden of the data is a whole, 1, 3 to 1,4 odds ratio.  BY MS. BROWN:  The worden of the data is a whole, 1, 3 to 1,4 odds ratio.  BY MS. BROWN:  The worden of the data is a whole, 1, 3 to 1,4 odds ratio.  BY MS. BROWN:  The worden of the data is a whole, 1, 3 to 1,4 odds ratio.  BY MS. BROWN:  The worden of the data is a whole, 1, 3 to 1,4 odds ratio.  BY MS. BROWN:  The worden of the association, in your review of the data, what is the relative risk association.  BY MS. BROWN:  The worden of the data is the relative risk association.  BY MS. BROWN:  The worden of the data that to be a session of the data.  The overall - looking at the store of this object to the form.  The worden of the data that to be a session of your and the visit of the evidence is by using sort of your association.  The worden of the data that to be an interpreted of the data that I review of the epi, the FDA's concern that the studies that have found small positive association where the dose response, right?  A. I consider it to be a less inportant factor, right?  A. I consider it to be a less inportant factor, right?  A. I do you consider that to be a less in port of the evidence is by using sort of your association.  The worden of the exist of the way that have the data that I way the worden of the exist of the evidence is by using sort of your ass	1		1	A Passaysa there's limitations in	1 age 300
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description of the tale and ovarian cancer epidemiology?  MS. O'DELL: Object to the form, misstates her testimony, assumes things not in the record.  A. My assumption is that some people in all of those have probably read some of the data. I'm not sure who, if anyone, in any of those has looked at all of the evidence in the way that I have done.  BY MS. BROWN:  A. I consider it to be a sociation. It doesn't have to be a high number, and Bradford Hill reviewed.  BY MS. BROWN:  A. I consider it to be a sociation. It doesn't have to be a high number, and Bradford Hill explain how I interpreted the data that I reviewed.  BY MS. BROWN:  BY MS. BROWN:  A. I consider it to be a sociation. It doesn't have to be a high number, and Bradford Hill evaluation of the data that I reviewed.  BY MS. BROWN:  BY MS. BROWN:  A. I would say evidence-based send the using the tenets of a part of the data that I reviewed.  BY MS. BROWN:  C. I'm sorry to interrupt. And your methodology, though, as it relates to be arreast of the data that I reviewed.  BY MS. BROWN:  BY MS. BROWN:  BY MS. BROWN:  BY MS. BROWN:  C. I'm sorry to interrupt. And your methodology that has be less reliance on dose response, right?  MS. O'DELL: Object to the form.  BY MS. BROWN:  C. A. I a and I.4 is not 10, but 1.2 was the risk of hormone -postmenopausal hormone replacement therapy, and I believe that are arel risk also.  BY MS. BROWN:  BY MS. BROWN:  C. Have you considered in your review of the epi, the FDA's concern that the studies that have found small positive associations have lower confidence limits that are pretty close to 1? Have you looked into determining what the dosage is makes it hard to determine the dose response, gight?  MS. O'DELL: Object to the form.  MS. O'DELL: Object to the form.  BY MS. BROWN:  C. A. I own and it has a sociation. It doesn't have - it's not more replacement therapy, and I believe that areal risk also.  BY MS. BROWN:  C. A. I would say evidence-bas					ı
5 cancer epidemiology? 6 MS. O'DELL: Object to the 7 form, misstates her testimony, assumes 8 things not in the record. 8 A. My assumption is that some 10 people in all of those have probably read 11 some of the data. I'm not sure who, if 12 anyone, in any of those has looked at all of 13 the evidence in the way that I have done. 14 BY MS. BROWN: 15 Q. And the way that Jawe done. 15 at the evidence is by using sort of your 16 interpretation of Bradford Hill; is that 17 interpretation of Bradford Hill; is that 18 right? 19 MS. O'DELL: Object to the 19 form. 20 A I would say evidence-based 21 A. I would say evidence-based 22 medicine and then using the tenets of 23 Bradford Hill to explain how I interpreted 24 the data that I reviewed. 25 Bradford Hill, employs a methodology, though, as it relates to 26 Bradford Hill, employs a methodology that has 27 less reliance on dose response, ight? 28 MS. O'DELL: Object to the 29 form. 20 An No I less reliance on dose 29 response, just that in this particular case, 20 determining what the dosage is makes it hard to determine the dose response, right? 21 Q. And you say in your report that to determine the dose response, ight? 22 MS. O'DELL: Object to the 23 O, And you say in your report that to determine the dose response, ight? 3 Q. And you say in your report that to determine the dose response. 4 BY MS. BROWN: 4 D, And you say in your report that to determine the dose response. 5 PMS. BROWN: 6 MS. O'DELL: Object to the 6 form. 7 form. 7 fight? 8 MS. O'DELL: Object to the 7 form. 7 fight? 8 MS. O'DELL: Object to the 8 form. 8 A. Not less reliance on dose 9 response, just that in this particular case, 9 form. 9 MS. O'DELL: Object to the 9 form. 9 A. 1. I can was a whole, 1.3 to 1.4 odds ratio. 16 who as a whole, 1.3 to 1.4 odds ratio. 18 BY MS. BROWN: 19 Q. And so that your report that to determining what he dosage is makes it hard to determining what he dosage is makes it hard to determine the dose response. 17 fight? 18 BY MS. BROWN: 19 Q. And so that's your report that t				Č	ı
6 MS. O'DELL: Object to the form, misstates her testimony, assumes things not in the record. 8 things not in the record. 9 A. My assumption is that some open lail of those have probably read some of the data. I'm not sure who, if 12 anyone, in any of those has looked at all of 13 the evidence in the way that I have done. 13 astrong association? 14 BY MS. BROWN: 14 astrong association. It doesn't have to be a high number, and Bradford Hill is that 1 right? 15 mit of m. 16 mit of m. 17 mit of m. 18 mit of m. 19 mit of m.					
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9 A. My assumption is that some popple in all of those have probably read some of the data. Tm not sure who, if some of the data. Tm not sure who, if some of the data. Tm not sure who, if some of the data. Tm not sure who, if some of the data. Tm not sure who, if some of the data. Tm not sure who, if some of the data. Tm not sure who, if some of the data. Tm not sure who, if some of the data. Tm not sure who, if some of the data. Tm not sure who, if some of the data. Tm not sure who, if some of the data. The not sure who, if some of the data. The not sure who, if some of the data. The not sure who, if some of the data. The not sure who, if some of the data. The not sure who, if some of the data. The not sure who, if some of the data. The not sure who, if some of the data. The not sure who, if some of the data. The not sure who, if some of the data. The not sure who, if some of the data that I have done. It doesn't hat to be a strong association. It doesn't hat to be a strong as a whole, 1.3 to 1.4 odds ratio. BY Ms. BROWN:  Q. And the way that I have done.  13 as rong as a whole, 1.3 to 1.4 odds ratio.  BY Ms. BROWN:  14 A. I consider it to be a consistent, reliable association. It doesn't hat to be a strong as a strong association. It doesn't hat to be a consistent not plant it be vaplains that in FedEx paper, that it's he consistent association and finding that association and findin				· · · · · · · · · · · · · · · · · · ·	
10   some of the data. I'm not sure who, if   12   anyone, in any of those has looked at all of   12   anyone, in any of the evidence in the way that the does   15   any on any					
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24 consistency and biologic mechanism"? 24 chance, yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	BY MS. BROWN:  Q. I'm sorry to interrupt. And your methodology, though, as it relates to Bradford Hill, employs a methodology that has less reliance on dose response, right?  MS. O'DELL: Object to the form.  A. Not less reliance on dose response, just that in this particular case, determining what the dosage is makes it hard to determine the dose response.  BY MS. BROWN:  Q. And you say in your report that you consider that a less important factor, right?  MS. O'DELL: Object to the form.  BY MS. BROWN:  Q. And so that's your report on page 15, I think we talked about this earlier, "Given the limitations of the data, I consider this to be a less important factor	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	was the risk of hormone postmenopausal hormone replacement therapy, and I believe that's a real risk also. BY MS. BROWN:  Q. Have you considered in your review of the epi, the FDA's concern that the studies that have found small positive associations have lower confidence limits that are pretty close to 1? Have you looked into that?  MS. O'DELL: Object to the form.  A. So when the odds ratio's 1.3, your confident intervals might be close to 1 sometimes. However, if it doesn't cross 1, it's statistically significant. BY MS. BROWN:  Q. And one of the reasons do you understand why the FDA is concerned if the confidence interval is getting close to 1?	rage 309
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	. Page 37(			Page 372
1	Q. And do you share that concern	$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	for me everything, other than talc, that you	1 age 372
2	as you evaluate the confidence intervals	$\frac{1}{2}$	believe is in Johnson & Johnson baby powder	
3	here?	$\frac{2}{3}$	and causes ovarian cancer.	
4	A. If I didn't see such a	4	MS. O'DELL: Object to the	
5	consistent average of 1.3 to 1.4, I would be	5	form.	
6	more concerned about it. As a whole, I'm not	6	A. What I believe is in talcum	
7	concerned about it when I look at all of the	7	powder product and that can be cause	
8	evidence.	8	inflammation and/or be carcinogenic is platy	
9	Q. And when you say "consistent,"		talc, fibrous talc, asbestos, heavy metals,	
10	you're referring within the population	10	including nickel, chromium and cobalt, and	
11	case-control studies, right?	11	fragrance products that can be irritating and	
12	MS. O'DELL: Object to the	12	inflammatory.	
13	form.	13	BY MS. BROWN:	
14	A. Yes.	14	Q. And you have not formed an	
15	BY MS. BROWN:	15	opinion in connection with your analysis, as	
16	Q. Because if you look at the	16	to how much each of the items that you just	
17	prospective cohorts, there's not consistency	17	listed make up baby powder, right?	
18	in the case controls, right?	18	MS. O'DELL: Of a particular	
19	A. When you look at the	19	bottle, over time or	
20	meta-analyses, everything as a whole, yes,	20	MS. BROWN: Any	
21	1.3 to 1.4.	21	MS. O'DELL: what's the	
22	Q. Okay. If you bear with me for	22	context of the question?	
23	just one minute, Dr. Wolf, I want to just	23	MS. BROWN: At all.	
24	make sure I'm not forgetting anything and	24		
	Page 37			Page 373
1	then I'm going to turn the questioning over	1	BY MS. BROWN:	Page 373
2		1 2	Q. I mean, have you attempted to	Page 373
	then I'm going to turn the questioning over to some of my colleagues.  When you say on page 8, "The	1		Page 373
2 3 4	then I'm going to turn the questioning over to some of my colleagues.  When you say on page 8, "The risk elevation is 20-60 percent," do you	1 2 3 4	Q. I mean, have you attempted to	Page 373
2 3	then I'm going to turn the questioning over to some of my colleagues.  When you say on page 8, "The risk elevation is 20-60 percent," do you think it's more like 30 to 40?	1 2 3 4 5	Q. I mean, have you attempted to quantify how much heavy metal is in baby powder?  A. I haven't attempted to quantify	Page 373
2 3 4 5 6	then I'm going to turn the questioning over to some of my colleagues.  When you say on page 8, "The risk elevation is 20-60 percent," do you think it's more like 30 to 40?  A. I think if you look at all the	1 2 3 4 5 6	Q. I mean, have you attempted to quantify how much heavy metal is in baby powder?  A. I haven't attempted to quantify it. The fact that there's any heavy metal in	Page 373
2 3 4 5 6 7	then I'm going to turn the questioning over to some of my colleagues.  When you say on page 8, "The risk elevation is 20-60 percent," do you think it's more like 30 to 40?  A. I think if you look at all the papers, some of them are 20 and some of them	1 2 3 4 5 6 7	Q. I mean, have you attempted to quantify how much heavy metal is in baby powder?  A. I haven't attempted to quantify it. The fact that there's any heavy metal in there that's carcinogenic is of concern.	Page 373
2 3 4 5 6 7 8	then I'm going to turn the questioning over to some of my colleagues.  When you say on page 8, "The risk elevation is 20-60 percent," do you think it's more like 30 to 40?  A. I think if you look at all the papers, some of them are 20 and some of them are as high as 60.	1 2 3 4 5 6 7 8	Q. I mean, have you attempted to quantify how much heavy metal is in baby powder?  A. I haven't attempted to quantify it. The fact that there's any heavy metal in there that's carcinogenic is of concern.  Q. And what are you relying on for	Page 373
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	. Par	ge 374			Page 376
1		30 374	1	MS O'DELL. Object to the	1 age 370
1 2	products? A. No.		2	MS. O'DELL: Object to the form.	
			3		
3	Q. And as to asbestos, we reviewed			A. I didn't say these cause	
4	your reliance materials before. You're		4	ovarian cancer. I say that they're known to	
5	relying on the articles you pointed me to,		5	be carcinogenic and could be the cause of why	
6	Hopkins Exhibit 28, Blount's testimony and		6	talcum powder products causes ovarian cancer.	
7	her '91 article and Longo's reports, to		7 8	And the other thing in there that I know can	
8	support your opinion that talcum powder		9	be inflammatory, from reading Dr. Crowley's	
9 10	contains asbestos, correct?		9 10	report, are some of the fragrances that are used. And since inflammation is a risk	
11	A. And also the deposition of Julie Pier.		10 11		
				factor and an initiator in leads is	
12	Q. And again, as it relates to		12	related to the progression of ovarian cancer,	
13	asbestos, you haven't made a determination as		13	I have concerns about those.	
14	to how much asbestos is contaminating talcum		14	BY MS. BROWN:	
15	powder, right?		15	Q. And your opinion, then, Doctor,	
16	MS. O'DELL: Object to the		16	as I understand it, is that you're not sure	
17	form.		17	which or what combination of all the items	
18	A. I've made a determination that		18	you just listed to me are working to cause	
19	these testings show evidence of asbestos in a		19	cancer; is that right?	
20	significant amount of talcum powder that was		20	MS. O'DELL: Object do the	
21	tested.		21	form.	
22	BY MS. BROWN:		22	A. My opinion is that it's the	
23	Q. Okay. But in terms of how much		23	talcum powder product as a whole that	
24	asbestos is in an individual bottle, you	4	24	increases the risk of ovarian cancer, and	
	Pag	ge 375			Page 377
1		ge 375	1	I've listed things that I know are in there	Page 377
1 2	haven't attempted to quantify that, right?	ge 375	1 2	I've listed things that I know are in there that can be carcinogenic or inflammatory	Page 377
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		Page 378			Page 380
1	Q. Are you of the opinion that	1 4.90 5 7 0	1	there's evidence of asbestos at least.	1 4.50 500
2	we need to change the tape. Sorry.		2	Q. And that's the Longo testing	
3	THE VIDEOGRAPHER: Going off		3	you referred to earlier?	
4	the record. The time is 4:40 p.m.		4	A. Yes.	
5	(Recess taken from 4:40 p.m. to		5	Q. Okay. Final question final	
6	4:52 p.m.)		6	area of questioning, Dr. Wolf, would be	
7	THE VIDEOGRAPHER: This marks		7	page 20 of your report. To be clear, you	
8	the beginning of disk 4. Back on the		8	believe that the mechanism by which talcum	
9	record. The time is 4:52 p.m.		9	powder causes cancer is chronic inflammation;	
10	BY MS. BROWN:		10	is that right?	
11	Q. Dr. Wolf, before we took a		11	A. This is a reference page. Are	
12	break, we were discussing your opinion that		12	you looking at a different page?	
13	J&J's talcum powder products contain		13	Q. Page 12 of your report?	
14	fragrances, platy talc, fibrous talc, heavy		14	MS. O'DELL: You said 20.	
15	metals and asbestos. Do you recall that?		15	A. You said 20.	
16	A. I do.		16	BY MS. BROWN:	
17	Q. And my question for you,		17	Q. Sorry. Tired.	
18	Doctor, is it your opinion that J&J's talcum		18	A. I know. I understand. I	
19	powder products contained all of those things		19	believe it's inflammation that leads to	
20	at all periods of time?		20	oxidative stress that then causes DNA damage,	
21	A. Well, what I know for sure and		21	and I believe with Saed's most recent papers,	
22	what testing that I've seen shows, that		22	that it actually induces gene mutations that	
23	evidence of asbestos, heavy metals from the		23	change ovarian epithelial cells and culture.	
24	'70s through the '90s and testing looking for		24	Q. Do you rely on anyone else,	
		Page 379			Page 381
1	fibrous talc at that same time actually	Page 379	1	other than Dr. Saed, for your opinion that	Page 381
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1		Page 382			Page 384
1	avidance of gane point gane mutations that	1 age 362	1	BY MS. BROWN:	1 age 364
1 2	evidence of gene point gene mutations that change the oxidative state of the cell to a		2	Q. And finally, Doctor, you	
3	prone inflammatory state.		3	reference on page 12, in support of your	
4	BY MS. BROWN:		4	opinion page 12 of your report in support	
5	Q. And other than Dr. Saed's work,		5	of your opinion, that talcum powder causes	
6	are you relying on any other published		6	inflammation and oxidative stress in vitro	
7	literature to support your belief that talc		7	and in vivo. You reference the NTP study; is	
8	is genotoxic?		8	that right?	
9	MS. O'DELL: Object to the		9	A. Yes.	
10	form.		10	Q. Have you reviewed the FDA's	
11	A. Dr. Saed's work, as per my		11	analysis of that NTP study?	
12	review, is the most convincing data that I've		12	A. I'm aware that they had some	
13	seen of genetic changes, separate from		13	concerns about the analysis.	
14	inflammatory changes, when talc was exposed		14	Q. Do you share the concerns and	
15	to both ovarian epithelial cells, ovarian		15	the first of all, you understand the FDA	
16	cancer cell lines and fallopian tube		16	concluded that the paper had serious flaws,	
17	epithelial cell lines.		17	right?	
18	BY MS. BROWN:		18	MS. O'DELL: Object to the	
19	Q. And one of the papers you cited		19	form.	
20	for us in your early footnotes, lists sort of		20	A. I understand that the FDA had	
21	a weight of the hierarchy of evidence. Do		21	concerns about the paper.	
22	you recall that paper?		22	BY MS. BROWN:	
23	MS. O'DELL: Object to the		23	Q. Do you share those concerns?	
24	form.		24	A. I think that the NTP toxicology	
		Page 383			Page 385
- 1					
1	BY MS. BROWN:		1	studies of talc is one of the pieces of	
2	BY MS. BROWN: Q. You had a footnote 4 and 5,		2	evidence that I believe supports that	
	Q. You had a footnote 4 and 5, some cites that dealt with sort of he weight			evidence that I believe supports that inflammation occurs after talcum powder	
2 3 4	Q. You had a footnote 4 and 5, some cites that dealt with sort of he weight of the evidence, generally. Do you remember		2 3 4	evidence that I believe supports that inflammation occurs after talcum powder application and can cause be a	
2 3	Q. You had a footnote 4 and 5, some cites that dealt with sort of he weight		2 3	evidence that I believe supports that inflammation occurs after talcum powder application and can cause be a carcinogenic mechanism of carcinogenesis.	
2 3 4 5 6	Q. You had a footnote 4 and 5, some cites that dealt with sort of he weight of the evidence, generally. Do you remember		2 3 4 5 6	evidence that I believe supports that inflammation occurs after talcum powder application and can cause be a carcinogenic mechanism of carcinogenesis.  Q. Do you agree with the	
2 3 4 5 6 7	Q. You had a footnote 4 and 5, some cites that dealt with sort of he weight of the evidence, generally. Do you remember those?  A. I just want to see what they are, 4 and 5.		2 3 4 5 6 7	evidence that I believe supports that inflammation occurs after talcum powder application and can cause be a carcinogenic mechanism of carcinogenesis.  Q. Do you agree with the conclusion of the 1994 FDA workshop, that the	e
2 3 4 5 6 7 8	Q. You had a footnote 4 and 5, some cites that dealt with sort of he weight of the evidence, generally. Do you remember those?  A. I just want to see what they are, 4 and 5.  Q. Footnote 4 and 5.		2 3 4 5 6 7 8	evidence that I believe supports that inflammation occurs after talcum powder application and can cause be a carcinogenic mechanism of carcinogenesis.  Q. Do you agree with the conclusion of the 1994 FDA workshop, that the NTP study has no relevance to human risk?	2
2 3 4 5 6 7 8 9	Q. You had a footnote 4 and 5, some cites that dealt with sort of he weight of the evidence, generally. Do you remember those?  A. I just want to see what they are, 4 and 5.  Q. Footnote 4 and 5.  A. These are talking about the		2 3 4 5 6 7 8 9	evidence that I believe supports that inflammation occurs after talcum powder application and can cause be a carcinogenic mechanism of carcinogenesis.  Q. Do you agree with the conclusion of the 1994 FDA workshop, that the NTP study has no relevance to human risk?  MS. O'DELL: Object to the	<b>.</b>
2 3 4 5 6 7 8 9	Q. You had a footnote 4 and 5, some cites that dealt with sort of he weight of the evidence, generally. Do you remember those?  A. I just want to see what they are, 4 and 5.  Q. Footnote 4 and 5.  A. These are talking about the difference between cohort studies and		2 3 4 5 6 7 8 9 10	evidence that I believe supports that inflammation occurs after talcum powder application and can cause be a carcinogenic mechanism of carcinogenesis.  Q. Do you agree with the conclusion of the 1994 FDA workshop, that the NTP study has no relevance to human risk?  MS. O'DELL: Object to the form.	<u>)</u>
2 3 4 5 6 7 8 9 10 11	Q. You had a footnote 4 and 5, some cites that dealt with sort of he weight of the evidence, generally. Do you remember those?  A. I just want to see what they are, 4 and 5.  Q. Footnote 4 and 5.  A. These are talking about the difference between cohort studies and meta-analysis?		2 3 4 5 6 7 8 9 10 11	evidence that I believe supports that inflammation occurs after talcum powder application and can cause be a carcinogenic mechanism of carcinogenesis.  Q. Do you agree with the conclusion of the 1994 FDA workshop, that the NTP study has no relevance to human risk?  MS. O'DELL: Object to the form.  A. I believe that the NTP study	2
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. You had a footnote 4 and 5, some cites that dealt with sort of he weight of the evidence, generally. Do you remember those?  A. I just want to see what they are, 4 and 5. Q. Footnote 4 and 5. A. These are talking about the difference between cohort studies and meta-analysis? Q. Right. And they contained a chart with a hierarchy of evidence. Do you recall reviewing that? A. Yes. Q. And you would agree that expert witness opinions are the very lowest rung of that chart?  MS. O'DELL: Object to the form. A. I've referenced those charts in relationship to evaluating cohort studies and		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	evidence that I believe supports that inflammation occurs after talcum powder application and can cause be a carcinogenic mechanism of carcinogenesis.  Q. Do you agree with the conclusion of the 1994 FDA workshop, that the NTP study has no relevance to human risk?  MS. O'DELL: Object to the form.  A. I believe that the NTP study helps as an informative, along with all of the other studies listed there, that talcum powder causes inflammation and oxidative stress in ovarian cells and in cells in general and that this can be carcinogenic. It's a piece of the evidence, not the whole evidence.  BY MS. BROWN:  Q. Finally, Doctor, before I turn the questioning over to my colleague, you testified a little earlier that you plan to	2
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. You had a footnote 4 and 5, some cites that dealt with sort of he weight of the evidence, generally. Do you remember those?  A. I just want to see what they are, 4 and 5. Q. Footnote 4 and 5. A. These are talking about the difference between cohort studies and meta-analysis? Q. Right. And they contained a chart with a hierarchy of evidence. Do you recall reviewing that? A. Yes. Q. And you would agree that expert witness opinions are the very lowest rung of that chart?  MS. O'DELL: Object to the form. A. I've referenced those charts in relationship to evaluating cohort studies and		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	evidence that I believe supports that inflammation occurs after talcum powder application and can cause be a carcinogenic mechanism of carcinogenesis.  Q. Do you agree with the conclusion of the 1994 FDA workshop, that the NTP study has no relevance to human risk?  MS. O'DELL: Object to the form.  A. I believe that the NTP study helps as an informative, along with all of the other studies listed there, that talcum powder causes inflammation and oxidative stress in ovarian cells and in cells in general and that this can be carcinogenic. It's a piece of the evidence, not the whole evidence.  BY MS. BROWN:  Q. Finally, Doctor, before I turn the questioning over to my colleague, you testified a little earlier that you plan to	

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	Page 386			Page 388
1	A. Yes.	1	think you can make the step to say that it's	
2	Q. Do you have plans to disclose	2	because their vagina was stretched out more.	
3	your work as an expert witness when you	3	MS. BROWN: Thanks for your	
4	author that publication?	4	time today, Dr. Wolf. I'm going to	
5	A. Of course I would.	5	hand it over to my colleague.	
6	Q. Would you plan to disclose the	6	Can we go off for a second?	
7	amount of money that you've made working for	7	MR. KLATT: Yeah, let's do	- 1
8	plaintiffs' lawyers in connection with that	8	that.	- 1
9	litigation paper?	9	THE VIDEOGRAPHER: Going off	- 1
10	MS. O'DELL: Object to the	10	the record. The time is 5:02 p.m.	- 1
11	form.	11	(Recess taken from 5:02 p.m. to	- 1
12	A. As I've never written a	12	5:06 p.m.)	- 1
13	paper as I've never been an expert witness	13	THE VIDEOGRAPHER: Back on the	- 1
14	before, I don't know what you need to	14	record. The time is 5:06 p.m.	- 1
15	disclose as far as that. I know that if you	15	EXAMINATION	- 1
16	have grant or funding for anything, you	16	BY MR. KLATT:	- 1
17	disclose the amount and who it's from. I'm	17	Q. Good afternoon, Dr. Wolf.	- 1
18	assuming it would be the same for this, but I	18	A. Good afternoon.	- 1
19	don't know. I would check with the journal	19	Q. My name is Mike Klatt and I	- 1
20	and see what was required and do whatever was	20	represent Imerys Talc America in this case.	- 1
21	appropriate.	21	You said earlier that you were aware that	- 1
22	BY MS. BROWN:	22	Imerys is a mining company, correct?	- 1
23	Q. And finally, Doctor, do you	23	A. That's correct.	- 1
24	know of any scientific support for the	24	Q. I'm going to skip around,	
	Page 387			Page 389
1	opinions that women who have had children	1	because I've just been following what's been	
2	have a stretched-out vaginal tract such that	2	going on today and I just have a lot of	- 1
3	migration is more likely?	3	questions in different areas. So there's	- 1
4	MS. O'DELL: Object to the	4	probably not going to be necessarily a	- 1
5	form.	5	logical progression. So if you'll just bear	- 1
6	A. I wouldn't put I would never	6	with me, I'd appreciate it.	- 1
7	say that women who have had children have a	7	A. Okay.	- 1
8	stretched-out vaginal tract. All women have	8	Q. A minute ago, I believe that	- 1
9	an open vaginal tract. Women who have had	9	Ms. Brown asked you, that if you end up	- 1
10	multiple vaginal deliveries may or may not	10	writing a letter or a review article to any	- 1
11	have a larger opening to their vagina than	11	organization about talc and ovarian cancer,	- 1
12	women who do not.	12	you think it's important to disclose that	- 1
13	BY MS. BROWN:	13	you've been an expert in litigation regarding	- 1
14	Q. You haven't seen any data to	14	talc and ovarian cancer, correct?	- 1
15	suggest that having more kids increases your	15	A. Yes.	- 1
16	risk of ovarian cancer because more	16	Q. Do you think it's important	- 1
17	carcinogens can migrate to your ovaries,	17	that you specifically disclose that you've	- 1
18	right?	18	been a retained, paid witness for plaintiffs	- 1
19	MS. O'DELL: Object to the	19	in talc ovarian cancer in making that	- 1
20	form.	20	disclosure?	
21		' 1	A. Again, I've never been an	
	A. So that seems like a multistep	21		
22	question. I do believe that at least one of	22	expert witness before. I don't know what the	
	•			

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	•	Page 390		Pa	ge 392
1	all of the information. Whatever the journal	1 460 370	1	letter somewhere?	50 372
2	said I needed to disclose, I would disclose.		2	MS. O'DELL: Uh-huh.	
3	Q. But don't you think it's		3	A. And it has been accepted with	
4	important for your readers to know which side		4	some reviewer comments, which Dr. Saed	
5	you're involved in in this litigation?		5	addressed. I gave counsel one that was not	
6	MS. O'DELL: Object to the		6	marked.	
7	form.		7	THE WITNESS: Is it on the	
8	A. I don't know if that's		8	back?	
			9		
9 10	something that is routinely done. If it is,		9 10	A. Oh, yes, here. BY MR. KLATT:	
11	I definitely would do that. BY MR. KLATT:		11		
12				Q. And are there any peer review	
	Q. But I'm asking if you,		12	or comments compared put forth in what	
13	personally, think that's an important fact to		13	you're looking at?	
14	disclose. Wouldn't you want to know that if		14	A. The reviewer's yeah. Say	
15	you were a doctor not involved in this in		15	that question again.	
16	reading an article, which side the person who		16	Q. When people peer review an	
17	authored the article was testifying for?		17	article	
18	MS. O'DELL: Object to the		18	A. Yes.	
19	form.		19	Q they submit comments,	
20	BY MR. KLATT:		20	correct?	
21	Q. Would that be important to you		21	A. Yes.	
22	to know?		22	Q. Suggestions for revising the	
23	A. I would want to know all the		23	article or adding data or adding explanation	
24	information that I could know. I'm assuming		24	or whatever, correct?	
		Page 391		Pag	ge 393
1	that that's information that would be	Page 391	1	A. Yes.	ge 393
1 2	that that's information that would be required to be disclosed and I would disclose	Page 391	1 2		ge 393
		Page 391		A. Yes.	ge 393
2	required to be disclosed and I would disclose it.	Page 391	2	<ul><li>A. Yes.</li><li>Q. Where are those comments regarding Saed's article in what you're</li></ul>	ge 393
2 3 4	required to be disclosed and I would disclose it.	Page 391	2 3	A. Yes. Q. Where are those comments regarding Saed's article in what you're looking at?	ge 393
2 3	required to be disclosed and I would disclose it.  Q. Okay. Can you look at Exhibit	Page 391	2 3 4	A. Yes. Q. Where are those comments regarding Saed's article in what you're looking at?	ge 393
2 3 4 5	required to be disclosed and I would disclose it.  Q. Okay. Can you look at Exhibit  No. 4, which is Dr. Saed's manuscript.  A. Yes.	Page 391	2 3 4 5	<ul> <li>A. Yes.</li> <li>Q. Where are those comments regarding Saed's article in what you're looking at?</li> <li>A. There's nothing here. There's</li> </ul>	ge 393
2 3 4 5 6	required to be disclosed and I would disclose it.  Q. Okay. Can you look at Exhibit No. 4, which is Dr. Saed's manuscript. A. Yes.	Page 391	2 3 4 5 6	<ul> <li>A. Yes.</li> <li>Q. Where are those comments regarding Saed's article in what you're looking at?</li> <li>A. There's nothing here. There's also a letter from Dr. Saed when he sent the</li> </ul>	ge 393
2 3 4 5 6 7	required to be disclosed and I would disclose it.  Q. Okay. Can you look at Exhibit  No. 4, which is Dr. Saed's manuscript.  A. Yes.  Q. That's not a published article,	Page 391	2 3 4 5 6 7	A. Yes. Q. Where are those comments regarding Saed's article in what you're looking at? A. There's nothing here. There's also a letter from Dr. Saed when he sent the paper back in with the comments from the reviewers and his addressing of those comments. This article has the changes that	ge 393
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	required to be disclosed and I would disclose it.  Q. Okay. Can you look at Exhibit No. 4, which is Dr. Saed's manuscript. A. Yes. Q. That's not a published article, correct? A. It's an accepted article. Q. Well, it hasn't even been peer reviewed yet, correct? A. No, it has been peer reviewed. Q. Can you hand me the article? Do you see how on multiple pages, virtually every page in blueprint, it says "for peer review"? A. Yes. Q. So that's being submitted for peer review, correct? MS. O'DELL: Object to the form.	Page 391	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Yes. Q. Where are those comments regarding Saed's article in what you're looking at? A. There's nothing here. There's also a letter from Dr. Saed when he sent the paper back in with the comments from the reviewers and his addressing of those comments. This article has the changes that the reviewer has recommended. Q. Have you seen this other document that has the peer reviewer comments? A. I have. Q. I'm sorry? A. I have seen his letter. I don't recall that it has all the specific comments. It has what he's viewing as him addressing the comments, but I don't know if there are comments or Q. Do you have that letter with you?	ge 393
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		Page 394			Daga 206
1	that a size	Page 394	1	1.4.119	Page 396
1	that point.		1	listed here?	
2	BY MR. KLATT:		2	A. Beasley Allen isn't listed here	
3	Q. Well, if there's anything else		3	either.	
4	regarding Dr. Saed that you've reviewed that		4	MS. O'DELL: Object to form.	
5	you haven't brought here and marked as an		5	A. It just says he received a	
6	exhibit, we'd request that, please.		6	consulting fee. So I don't know where else	
7	A. Okay.		7	the money what other money he used.	
8	Q. Is that fine with you?		8	BY MR. KLATT:	
9	A. Yes.		9	Q. But Beasley Allen isn't even	
10	Q. Now, looking at Dr. Saed's		10	listed here, as you said, as a source of the	
11	manuscript that's been marked as Exhibit 4,		11	money for his work, correct?	
12	I'm going to turn you to		12	MS. O'DELL: Object to the	
13	THE WITNESS: Do I have my own		13	form.	
14	copy of that? Yes, here it is.		14	A. That's correct.	
15	BY MR. KLATT:		15	BY MR. KLATT:	
16	Q. I'm going to turn you to		16	Q. Okay. This isn't an adequate	
17	page 12 of Exhibit 4.		17	conflict of interest disclosure, is it?	
18	A. Yeah.		18	MS. O'DELL: Object to the	
19	Q. And do you see down at the		19	form. If you know. Don't guess.	
20	bottom of the page, it says "Conflict of		20	A. I'm assuming that this is the	
21	Interest"?		21	conflict of interest that they requested from	
22	A. Yes.		22	Reproductive Scientists [sic], and if they	
23	Q. It says, "The corresponding		23	accept it, then I consider it adequate.	
24	author, Dr. Ghassam Saed, acted as a		24		- 1
		Page 395			Page 397
1	consultant regarding this tonic for a fee	- 1.81 - 22	1	BY MR. KLATT:	1 1 1 2 1 1
1 2	consultant regarding this topic for a fee, otherwise, the authors declared that there		2		
2 3	are no conflicts of interest."		3	Q. So whatever the journal says is	
4	There's no disclosure there		4	adequate is adequate in your mind?  MS. O'DELL: Object to the	
			5	form.	
5	that Dr. Saed's involved in litigation on			BY MR. KLATT:	
6 7	behalf of plaintiffs in talc ovarian cancer		6	DI MR. KLAII.	
,			7	O In that well at waveling again a?	
	cases, is there?		7	Q. Is that what you're saying?	
8	MS. O'DELL: Object to the		8	A. I'm saying that as far as	
8 9	MS. O'DELL: Object to the form.		8	A. I'm saying that as far as this is what's disclosed. The journal	
8 9 10	MS. O'DELL: Object to the form.  A. My assumption is that what		8 9 10	A. I'm saying that as far as this is what's disclosed. The journal accepted the article. I'm assuming they	
8 9 10 11	MS. O'DELL: Object to the form.  A. My assumption is that what Reproductive Scientists [sic] requested be		8 9 10 11	A. I'm saying that as far as this is what's disclosed. The journal accepted the article. I'm assuming they considered it was adequate disclosure.	
8 9 10 11 12	MS. O'DELL: Object to the form.  A. My assumption is that what Reproductive Scientists [sic] requested be disclosed is what is stated here. And so		8 9 10 11 12	A. I'm saying that as far as this is what's disclosed. The journal accepted the article. I'm assuming they considered it was adequate disclosure. Q. But if you're a physician, a	
8 9 10 11 12 13	MS. O'DELL: Object to the form.  A. My assumption is that what Reproductive Scientists [sic] requested be disclosed is what is stated here. And so this is what it says.		8 9 10 11 12 13	A. I'm saying that as far as this is what's disclosed. The journal accepted the article. I'm assuming they considered it was adequate disclosure. Q. But if you're a physician, a gynecologic oncologist out there in the	
8 9 10 11 12 13 14	MS. O'DELL: Object to the form. A. My assumption is that what Reproductive Scientists [sic] requested be disclosed is what is stated here. And so this is what it says. BY MR. KLATT:		8 9 10 11 12 13 14	A. I'm saying that as far as this is what's disclosed. The journal accepted the article. I'm assuming they considered it was adequate disclosure. Q. But if you're a physician, a gynecologic oncologist out there in the field, not involved in the talc ovarian	
8 9 10 11 12 13 14 15	MS. O'DELL: Object to the form.  A. My assumption is that what Reproductive Scientists [sic] requested be disclosed is what is stated here. And so this is what it says.  BY MR. KLATT:  Q. Who paid the fee to Dr. Saed		8 9 10 11 12 13 14 15	A. I'm saying that as far as this is what's disclosed. The journal accepted the article. I'm assuming they considered it was adequate disclosure. Q. But if you're a physician, a gynecologic oncologist out there in the field, not involved in the talc ovarian cancer litigation and you ultimately read	
8 9 10 11 12 13 14 15 16	MS. O'DELL: Object to the form.  A. My assumption is that what Reproductive Scientists [sic] requested be disclosed is what is stated here. And so this is what it says. BY MR. KLATT:  Q. Who paid the fee to Dr. Saed for doing this work?		8 9 10 11 12 13 14 15 16	A. I'm saying that as far as this is what's disclosed. The journal accepted the article. I'm assuming they considered it was adequate disclosure. Q. But if you're a physician, a gynecologic oncologist out there in the field, not involved in the talc ovarian cancer litigation and you ultimately read Dr. Saed's paper in Reproductive Scientists	
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		D 200			D 400
		Page 398			Page 400
1	MS. O'DELL: Object to the		1	A. In talcum-based body products,	
2	form.		2	my concerns for carcinogenesis are platy	
3	A. If I had questions about		3	talc, fibrous talc, asbestos, heavy metal,	
4	exactly where the money came from, I would		4	specifically the ones that have been found,	
5	call Dr. Saed and ask him.		5	nickel, chromium and cobalt and inflammation	
6	BY MR. KLATT:		6	from the fragrances, which I know that	
7	Q. Have you ever done that for any		7	inflammation is associated with ovarian	
8	article you've read in a journal?		8	cancer and so I have concerns about all of	
9	A. I haven't.		9	those.	
10	Q. What do you know about the		10	Q. Well, having concerns is one	
11	Journal of Reproductive Sciences?		11	thing, but testifying based on a reasonable	
12	A. I don't know that much about		12	degree of medical certainty that these things	
13	it. It's not a journal that I routinely		13	are, in fact, a cause of ovarian cancer is a	
14	read.		14	different thing. So is it your opinion that	
15	Q. And as a gynecologic		15	all of these items, platy talc, fibrous talc,	
16	oncologist, there's a certain set of journals		16	asbestos, nickel, chromium, cobalt and	
17	that you routinely review, correct?		17	fragrance are contributing causes of ovarian	
18	A. Yes.		18	cancer in women who use talc-based body	
19	MS. O'DELL: Object to the		19	powder products?	
20	form.		20	MS. O'DELL: Object to the	
21	BY MR. KLATT:		21	form.	
22	Q. And Reproductive Sciences is		22	A. It's my opinion that	
23	not one of those, right?		23	talcum-based perineum use of talcum-based	
24	A. It is not one of those.		24	body products causes ovarian cancer in some	
		Page 300			Page 401
		Page 399			Page 401
1	Q. Had you ever heard of it	Page 399	1	women and increases the risk in all. When I	Page 401
2	before?	Page 399	2	look to see what is in it that could be	Page 401
2 3	before? A. I can't tell you if I've ever	Page 399	2 3	look to see what is in it that could be dangerous, potentially dangerous to women, I	Page 401
2 3 4	before?  A. I can't tell you if I've ever heard of it. I've heard of lots of journals	Page 399	2 3 4	look to see what is in it that could be dangerous, potentially dangerous to women, I see some things that are known to be	Page 401
2 3 4 5	before?  A. I can't tell you if I've ever heard of it. I've heard of lots of journals over the years and I don't remember all of	Page 399	2 3 4 5	look to see what is in it that could be dangerous, potentially dangerous to women, I see some things that are known to be carcinogenic, such as fibrous talc and	Page 401
2 3 4 5 6	before?  A. I can't tell you if I've ever heard of it. I've heard of lots of journals over the years and I don't remember all of them.	Page 399	2 3 4 5 6	look to see what is in it that could be dangerous, potentially dangerous to women, I see some things that are known to be carcinogenic, such as fibrous talc and asbestos and heavy metals. I see some things	Page 401
2 3 4 5 6 7	before?  A. I can't tell you if I've ever heard of it. I've heard of lots of journals over the years and I don't remember all of them.  Q. You don't remember of ever	Page 399	2 3 4 5 6 7	look to see what is in it that could be dangerous, potentially dangerous to women, I see some things that are known to be carcinogenic, such as fibrous talc and asbestos and heavy metals. I see some things that are possibly carcinogenic, such as platy	Page 401
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		Page 402			Page 404
1 2 3 4 5	to tell her you can't tell her which one of these is capable by itself?  MS. O'DELL: Object to the form, misstates her testimony.  A. I'm going to tell her just what		1 2 3 4 5	understand. A. So let me list them again. Platy talc has been determined to be possibly carcinogenic, asbestos has been determined to be carcinogenic, fibrous talc has been	
6 7 8	I said, that I evaluated the product as a whole and I found evidence of multiple carcinogenic, possibly carcinogenic and		6 7 8	determined to be carcinogenic, nickel and chromium are have been determined to be carcinogenic, cobalt has been determined to	
9 10	inflammatory substances that could account for that. Because they're all in the		9 10	be possibly carcinogenic, and the fragrances some of the substances in the	
11 12	product, I can't separate them out and say which one is causing it.		11 12	fragrance are known to be inflammatory or cause inflammatory or irritating.	
13 14	BY MR. KLATT: Q. And you can just say that they		13 14	And therefore, when I look at the product of the whole, with all of that	
15 16	possibly cause it, correct, not that they probably cause it?		15 16	spectrum of stuff in it, things in it, that at the very least some are, the fragrances	
17 18	MS. O'DELL: Object to the form, misstates her testimony.		17 18	are inflammatory and/or irritating and at the very most, several are known to be	
19 20	BY MR. KLATT: Q. You just said "possibly."		19 20	carcinogenic, that it's the combination of that that increases the risk of ovarian	
21 22	Didn't I understand that?  MS. O'DELL: Object to the		21 22	cancer in women who use perineal talcum powder product.	
23 24	form. That's not what she said.		23 24	BY MR. KLATT: Q. Are any of these things that	
		Page 403			Page 405
$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	BY MR. KLATT: Q. Let's read it back. I think		1 2	you've listed by themselves capable of causing ovarian cancer in women who use	
3 4	you just said "possibly cause," correct?  MS. O'DELL: Object to the		3	talc-based body powder products?  A. I'm not aware that anybody has	
5 6	form. A. No, that's not what I said. I		<ul><li>4</li><li>5</li><li>6</li></ul>	looked at using any of those things by themselves to cause to assess the risk of	
7 8	said there are multiple that are carcinogenic, possibly carcinogenic and		<mark>7</mark> 8	ovarian cancer. And since the product contains all of them, I don't know how that	
9 10	inflammatory. BY MR. KLATT:		9 10	can be evaluated.  Q. So if you evaluated the	
11 12	Q. So you're saying they're possibly carcinogenic		11 12	talc-based body powder product as a whole with all these things in them, you weren't	
13 14	A. No, I'm saying some of the agents		13 14	just evaluating Imerys raw talc by itself, correct?	
15 16	Q. Let me finish not probably carcinogenic, correct?		15 16	MS. O'DELL: Object to the form.	
17 18	MS. O'DELL: Excuse me. A. No.		17 18	A. I was evaluating the product. BY MR. KLATT:	
19 20	MS. O'DELL: Excuse me, let me object. Object to the testimony		19 20	<ul><li>Q. The product as used by women?</li><li>A. The product as used by women</li></ul>	
21 22	excuse me, object to the question because it misrepresents her		21 22	Q. Which is the product that sold	
23 24	testimony. You may answer if you		23 24	off the shelf, correct? MS. O'DELL: Object to the	

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		Page 406			Page 408
1	form.	1 450 700	1	A. There's never been any evidence	1 450 700
2	A. The product that women could		2	of that, that I'm aware of.	
3	obtain to use on their perineum.		3	Q. When you you've done	
4	BY MR. KLATT:		4	abdominal surgeries on hundreds, if not maybe	
5	Q. From retail stores, correct?		5	even thousands of women in your career,	
6	MS. O'DELL: Object to the		6	correct?	
7	form.		7	A. Yes.	
8	A. From wherever they get it.		8	Q. Now, that surgery itself can	
9	BY MR. KLATT:		9	cause fibrosis, inflammation and adhesions,	
10	Q. And you understand Imerys		10	correct?	
11	doesn't sell any talc directly to women?		11	A. That's correct.	
12	A. I understand that.		12	Q. And those adhesions can be	
13	Q. And you understand fragrance is		13	long-term complications for women, correct?	
14	added after the talc leaves Imerys'		14	A. Yes.	
15	possession?		15	Q. And that's a form of	
16	A. I understand that.		16	inflammation, correct?	
17	Q. Do any and all forms of		17	A. It's a form of acute	
18	inflammation cause or contribute to ovarian		18	inflammation that leads to a scar or	
19	cancer?		19	fibrosis.	
20	A. In the studies on inflammation		20	Q. And that's exactly what talc	
21	in ovarian cancer, it's and most cancers		21	leads to, correct?	
22	and inflammation, it's the concern of chronic		22	MS. O'DELL: Object to the	
23	inflammation. T cells, lymphocytes, macro		23	form.	
24	fascias causing changes in the oxidation		24	A. There's not evidence of chronic	
		Page 407			Page 409
1	making free oxygen free radicals that can	Page 407	1	inflammation in adhesions secondary to	Page 409
1 2	making free oxygen free radicals that can cause changes in the DNA. Not so much	Page 407	1 2	inflammation in adhesions secondary to surgery. There's an acute reaction and	Page 409
		Page 407			Page 409
2	cause changes in the DNA. Not so much	Page 407	2	surgery. There's an acute reaction and	Page 409
2 3	cause changes in the DNA. Not so much concerned about acute inflammation, but	Page 407	2 3	surgery. There's an acute reaction and change and then fibrosis can occur, and	Page 409
2 3 4	cause changes in the DNA. Not so much concerned about acute inflammation, but chronic inflammation.	Page 407	2 3 4	surgery. There's an acute reaction and change and then fibrosis can occur, and that's what adhesions are, are fibrosis.	Page 409
2 3 4 5	cause changes in the DNA. Not so much concerned about acute inflammation, but chronic inflammation.  Q. Do all forms of chronic	Page 407	2 3 4 5	surgery. There's an acute reaction and change and then fibrosis can occur, and that's what adhesions are, are fibrosis.  BY MR. KLATT:	Page 409
2 3 4 5 6	cause changes in the DNA. Not so much concerned about acute inflammation, but chronic inflammation.  Q. Do all forms of chronic inflammation cause ovarian cancer?	Page 407	2 3 4 5 6	surgery. There's an acute reaction and change and then fibrosis can occur, and that's what adhesions are, are fibrosis.  BY MR. KLATT:  Q. And that's what happens when	Page 409
2 3 4 5 6 7	cause changes in the DNA. Not so much concerned about acute inflammation, but chronic inflammation.  Q. Do all forms of chronic inflammation cause ovarian cancer?  A. I'm not sure what forms of	Page 407	2 3 4 5 6 7	surgery. There's an acute reaction and change and then fibrosis can occur, and that's what adhesions are, are fibrosis.  BY MR. KLATT:  Q. And that's what happens when talc in sufficient amounts is placed inside	Page 409
2 3 4 5 6 7 8	cause changes in the DNA. Not so much concerned about acute inflammation, but chronic inflammation.  Q. Do all forms of chronic inflammation cause ovarian cancer?  A. I'm not sure what forms of chronic inflammation you're asking about.  Q. Well, are you saying that chronic inflammation inevitably can cause	Page 407	2 3 4 5 6 7 8	surgery. There's an acute reaction and change and then fibrosis can occur, and that's what adhesions are, are fibrosis.  BY MR. KLATT:  Q. And that's what happens when talc in sufficient amounts is placed inside the body, the exact same thing, correct,	Page 409
2 3 4 5 6 7 8 9 10 11	cause changes in the DNA. Not so much concerned about acute inflammation, but chronic inflammation.  Q. Do all forms of chronic inflammation cause ovarian cancer?  A. I'm not sure what forms of chronic inflammation you're asking about.  Q. Well, are you saying that chronic inflammation inevitably can cause ovarian cancer?	Page 407	2 3 4 5 6 7 8 9 10 11	surgery. There's an acute reaction and change and then fibrosis can occur, and that's what adhesions are, are fibrosis.  BY MR. KLATT:  Q. And that's what happens when talc in sufficient amounts is placed inside the body, the exact same thing, correct, Dr. Wolf?	Page 409
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By MR. KLATT:   Q. Did those animals develop   2   3   5   6   6   6   6   6   6   6   6   6		Page 410			Page 412
2 MS, ODELL: Object to the form. 3 ovarian cancer? 4 A. They did not. But they were sacrificed in a short period of time. 6 Q. Can you name for me a single tall caused ovarian cancer in the animals? 9 A. I cannot. 9 C. Can you name are in fact, can you name for me any animal study but you've ever seen, where absetsos put in animals? 10 Q. Can you name in fact, can you name for me any animal study you've ever seen, where asbetsos put in animals caused ovarian cancer? 11 you name for me any animal study you've ever seen, where asbetsos put in animals caused ovarian cancer? 12 seen, where asbetsos put in animals caused ovarian cancer? 14 MS, ODELL: Object to the form. 16 A. So ovarian cancer is quite rare in most animals and so it's very difficult to have an animal model of something that causes ovarian cancer. 19 Oy You know there's animal models of something that causes ovarian cancer. 20 BY MR, KLATT: 21 Q. You know there's animal models that show that asbestos instilled in animals addominal cavities can cause ovarian cancer? 22 of pertoneal mesothelioma due to asbestos, correct? 23 A. I haven't seen any studies about it. 24 A. Nor the afhesion shat are form. 25 Q. Are there animal models that show that asbestos instilled in animals addominal cavities can cause ovarian cancer? 3 addominal cavities can cause ovarian cancer? 4 A. Nor that of the animals? 4 D. Well, if it hasn't been studied, when the subtled, you can't say it doesn't cause ovarian cancer ovarian cancer, can you? 4 A. I do.  2 BY MR. KLATT: 3 Q. Are there animal models that show that asbestos instilled in animals addominal cavities can cause ovarian cancer? 4 A. Nor that have been published about that. 5 The not aware of any studies that have been published about that. 6 The not aware of any studies that averages of any tireature that	1	BY MR KLATT	1	ovarian cancer <sup>9</sup>	1
3 ovarian cancer? 4 A. They did not. But they were 5 sacrificed in a short period of time. 6 Q. Can you name for me a single 6 animal study that you've ever seen, where 8 tale caused ovarian cancer in the animals? 9 A. I cannot. 10 Q. Can you name – in fact, can 11 you name for me any animal study you've ever 12 seen, where asbestos put in animals caused 13 ovarian cancer? 14 M. S. O'DELL: Object to the 15 form. 16 A. So ovarian cancer is quite rare 17 in most animals and so it's very difficult to 18 have an animal model of something that causes 17 ovarian cancer. 18 by MR. KLATT: 19 Q. Vou know there's animal models 20 of peritoneal mesothelioma due to asbestos, 21 correct? 22 of peritoneal mesothelioma due to asbestos, 23 correct? 24 A. I do. 25 do Ar there animal models that 26 show that asbestos instilled in animals: 27 about many animal smale and adhesion – long-term 28 adhesion formation that could cause ovarian 29 cancer? 20 By MR. KLATT: 20 Q. Do you warn women before you do 21 surgery on them, that your surgery can cause 22 inflammation and adhesion – long-term 23 adhesion formation that could cause ovarian 24 A. Not that I'm aware of. 25 A. I inform my patients that 26 surgery on them, that your surgery can cause 27 inflammation and adhesion – long-term 28 adhesion formation that could cause ovarian 29 career? 30 A. To or the adhesions hat are 31 form. 31 form. 32 G. You just don't know? 33 adominal cavities can cause ovarian cancer? 4 A. Not that I'm aware of. 5 Q. Do you warn women before you do 5 surgery on them, that your surgery can cause 3 inflammation and adhesion – long-term 4 adhesion formation that could cause ovarian 5 cancer? 5 Q. Right. Simply because there's 5 no studies doesn't prove that adhesions ther 5 no studies doesn't prove that adhesions ther 5 no studies doesn't prove that adhesions ther 5 no studies doesn't prove that adhesions after 5 no studies doesn't prove that adhesions ther 5 no studies doesn't prove that adhesions after 5 no studies doesn't prove that adhesions ther 6 no					- 1
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6 Q. Can you name for me a single 7 animal study that you've ever seen, where 8 talc caused ovarian cancer in the animals? 9 A. I cannot. 9 Q. Can you name — in fact, can 11 you name for me any animal study you've ever 12 seen, where asbestos put in animals caused 13 ovarian cancer? 14 MS. O'D'ELL: Object to the 15 form. 16 A. So ovarian cancer is quite rare 16 in most animals and so it's very difficult to 18 have an animal model of something that causes 19 ovarian cancer. 19 BY MR. KLATT: 20 BY MR. KLATT: 21 Q. You know there's animal models 21 of peritoneal mesothelioma due to asbestos, 22 orrect? 23 correct? 24 A. I do. 26 A. I do. 27 A. Not that I'm aware of. 28 G. Do you warn women before you do 29 surgery on them, that your surgery can cause inflammation and adhesion – long-term 20 adhesion formation that could cause ovarian cancer? 21 A. Not the adhesions that are 22 of peritoneal mesothelioma and adhesion – long-term 23 adhesion formation that could cause ovarian cancer? 24 A. Not the adhesions that are 25 correct? 26 A. Not the adhesions that are 26 C. Can you name – in fact, can 27 inflammation and adhesion – long-term 28 adhesion formation that could cause ovarian cancer? 30 A. Tim not aware of any studies 31 that suggests or supports that. 4 Q. Has it ever been studied? 4 A. I'm not aware of any studies 3 that have been published about that. 5 Q. Well, if it hasn't been 5 Unit hasn't been 6 that have been published about that. 6 L'm not aware of any studies 6 that have been published about that. 7 Q. Well, if it hasn't been 8 trudied, you can't say it doesn't cause 9 ovarian cancer, anyou? 9 WR. KLATT: 9 Oy You know there's animal models 21 form. 22 Show that asbestos instilled in animals' 23 abdominal cavities can cause ovarian cancer? 4 A. Not that I'm aware of any studies 6 that have been published about that. 7 Q. Well, if it hasn't been 8 trudied, you can't say it doesn't cause 9 ovarian cancer. 9 Oy WR. KLATT: 9 Oy You just don't know? 9 A. I haven't seen any studies 9 ovarian cancer. 9 Oy You					- 1
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23 abdominal surgery that you've done on 23 BY MR. KLATT:	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. Are there animal models that show that asbestos instilled in animals' abdominal cavities can cause ovarian cancer?  A. Not that I'm aware of. Q. Do you warn women before you do surgery on them, that your surgery can cause inflammation and adhesion long-term adhesion formation that could cause ovarian cancer?  MS. O'DELL: Object to the form.  A. I inform my patients that surgery can cause inflammation and adhesions.  BY MR. KLATT: Q. Can that cause ovarian cancer? A. Not the adhesions that are formed from the acute inflammation from surgery. I would also say that 90-plus percent of my patients, their ovaries come out when I operate on them.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. I haven't seen any studies about it. BY MR. KLATT: Q. So if something is not studied, that means it doesn't occur? MS. O'DELL: Object to the form. A. That's not what I said. BY MR. KLATT: Q. Right. Simply because there's no studies doesn't prove that adhesions after surgery don't cause ovarian cancer, correct? MS. O'DELL: Object to the form. BY MR. KLATT: Q. You'd have to do studies to know that. MS. O'DELL: Excuse me. Object to the form.	Page 413
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24 nundreds of patients doesn't result in 24 Q. So there are no such studies	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Are there animal models that show that asbestos instilled in animals' abdominal cavities can cause ovarian cancer?  A. Not that I'm aware of. Q. Do you warn women before you do surgery on them, that your surgery can cause inflammation and adhesion long-term adhesion formation that could cause ovarian cancer?  MS. O'DELL: Object to the form.  A. I inform my patients that surgery can cause inflammation and adhesions.  BY MR. KLATT: Q. Can that cause ovarian cancer? A. Not the adhesions that are formed from the acute inflammation from surgery. I would also say that 90-plus percent of my patients, their ovaries come out when I operate on them. Q. How do you know that these long-term adhesions that result from	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. I haven't seen any studies about it. BY MR. KLATT: Q. So if something is not studied, that means it doesn't occur? MS. O'DELL: Object to the form. A. That's not what I said. BY MR. KLATT: Q. Right. Simply because there's no studies doesn't prove that adhesions after surgery don't cause ovarian cancer, correct? MS. O'DELL: Object to the form. BY MR. KLATT: Q. You'd have to do studies to know that. MS. O'DELL: Excuse me. Object to the form. A. I don't believe those are studies that could be done.	Page 413
· · · · · · · · · · · · · · · · · · ·	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. Are there animal models that show that asbestos instilled in animals' abdominal cavities can cause ovarian cancer?  A. Not that I'm aware of. Q. Do you warn women before you do surgery on them, that your surgery can cause inflammation and adhesion long-term adhesion formation that could cause ovarian cancer?  MS. O'DELL: Object to the form. A. I inform my patients that surgery can cause inflammation and adhesions.  BY MR. KLATT: Q. Can that cause ovarian cancer? A. Not the adhesions that are formed from the acute inflammation from surgery. I would also say that 90-plus percent of my patients, their ovaries come out when I operate on them. Q. How do you know that these long-term adhesions that result from abdominal surgery that you've done on	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. I haven't seen any studies about it. BY MR. KLATT: Q. So if something is not studied, that means it doesn't occur? MS. O'DELL: Object to the form. A. That's not what I said. BY MR. KLATT: Q. Right. Simply because there's no studies doesn't prove that adhesions after surgery don't cause ovarian cancer, correct? MS. O'DELL: Object to the form. BY MR. KLATT: Q. You'd have to do studies to know that. MS. O'DELL: Excuse me. Object to the form. A. I don't believe those are studies that could be done. BY MR. KLATT:	Page 413

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	Page	414			Page 416
1			1	who the commons, what the commons it come	
1 2	that you're aware of, correct?  A. Not that I'm aware of.			who the company what the company it came from, and the mine, if it's if it's noted,	
3	Q. You cited about 20 Imerys		3	and any comments.	
4	documents in as something that were	2		Q. But my point is, you don't know	
5	materials that you considered.			that any of these talc samples ended up in	
6	A. Yes.	6		any body powder products, correct?	
7	Q. Is that correct?			A. I don't have that information	
8	A. Uh-huh.	8		on these.	
9	Q. Were you give a much larger set	g		MS. O'DELL: Object to form.	
10	of Imerys documents and you picked those 20	10		BY MR. KLATT:	
11	or were those 20 handpicked for you by the	1		Q. I'm sorry?	
12	lawyers?	12		A. I don't have that information	
13	MS. O'DELL: Object to the	13		on these charts.	
14	form.	14		Q. Are you aware the Imerys	
15	A. Those documents were provided	1:		supplies talc to many industries that have	
16	to me by the lawyers.	10		nothing to do with body powder?	
17	BY MR. KLATT:	1		A. I am aware of that.	
18	Q. So you didn't look at a much	13		Q. Do you understand that there's	
19	larger set of Imerys documents yourself and	19		types of talc that are caused called	
20	select those 20 yourself, correct?	20		industrial tale that are not used for	
21	A. The one that ones that are	2		personal use or cosmetic products?	
22	listed on my contributing data list are the	22		A. Yes.	
23	ones that I saw.	2.		Q. Do you have any idea which one	
24	Q. The only ones you saw, correct?	2		of these on Exhibit 47 might fall into the	
<u> </u>		+			
	Page	415			Page 417
1	A. Yes.	1		industrial talc category rather than the	
2	Q. And those were picked by the	2		cosmetic talc category?	
3	lawyers and not by you?		3	MS. O'DELL: Object to the	
4	MS. O'DELL: Object to form.	4		form.	
5	A. Those were given to me by the		5	A. It doesn't say on this list	
6	lawyers.		5	where the talc falls in.	
7	BY MR. KLATT:		7	BY MR. KLATT:	
8	Q. You said earlier you	8		Q. And on many of these tests,	
9	referred to Julie Pier, an Imerys scientist,	ع ا		there's not even any asbestos identified at	
10	her Exhibit 47 in her MDL deposition. Do you	10	0	all, correct?	
111		1 4			
11	recall that?	1		A. On some of them.	
12	recall that? A. Yes.	12	2	Q. Are you aware that certain	
12 13	recall that? A. Yes. Q. You can't point to me to a	12 13	2	Q. Are you aware that certain types of asbestos are ubiquitous in the	
12 13 14	recall that? A. Yes. Q. You can't point to me to a single talc sample that she tested in	12 13 14	2 3 4	Q. Are you aware that certain types of asbestos are ubiquitous in the environment?	
12 13 14 15	recall that?  A. Yes. Q. You can't point to me to a single talc sample that she tested in Exhibit 47 that you can show me ended up in	12 13 14 13	2 3 4 5	Q. Are you aware that certain types of asbestos are ubiquitous in the environment?  MS. O'DELL: Object to the	
12 13 14 15 16	recall that?  A. Yes. Q. You can't point to me to a single talc sample that she tested in Exhibit 47 that you can show me ended up in talc-based body powders, can you?	12 12 14 13 16	2 3 4 5 6	Q. Are you aware that certain types of asbestos are ubiquitous in the environment?  MS. O'DELL: Object to the form.	
12 13 14 15 16 17	recall that?  A. Yes. Q. You can't point to me to a single talc sample that she tested in Exhibit 47 that you can show me ended up in talc-based body powders, can you?  MS. O'DELL: Object to the	12 13 14 15 10 17	2 3 4 5 6 7	Q. Are you aware that certain types of asbestos are ubiquitous in the environment?  MS. O'DELL: Object to the form.  A. I am aware of that.	
12 13 14 15 16 17 18	recall that?  A. Yes. Q. You can't point to me to a single talc sample that she tested in Exhibit 47 that you can show me ended up in talc-based body powders, can you?  MS. O'DELL: Object to the form.	12 13 14 13 10 17	2 3 4 5 6 7 8	Q. Are you aware that certain types of asbestos are ubiquitous in the environment?  MS. O'DELL: Object to the form.  A. I am aware of that.  BY MR. KLATT:	
12 13 14 15 16 17 18 19	recall that?  A. Yes. Q. You can't point to me to a single talc sample that she tested in Exhibit 47 that you can show me ended up in talc-based body powders, can you?  MS. O'DELL: Object to the form.  A. Can I look at it?	12 13 14 15 10 17 18	2 3 4 5 6 7 8	Q. Are you aware that certain types of asbestos are ubiquitous in the environment?  MS. O'DELL: Object to the form.  A. I am aware of that.  BY MR. KLATT:  Q. And you're aware that when talc	
12 13 14 15 16 17 18 19 20	recall that?  A. Yes. Q. You can't point to me to a single talc sample that she tested in Exhibit 47 that you can show me ended up in talc-based body powders, can you?  MS. O'DELL: Object to the form.  A. Can I look at it?  BY MR. KLATT:	12 13 14 15 10 17 18 19 20	2 3 4 5 6 7 8 9	Q. Are you aware that certain types of asbestos are ubiquitous in the environment?  MS. O'DELL: Object to the form.  A. I am aware of that.  BY MR. KLATT:  Q. And you're aware that when talc is tested for asbestos, that there can be	
12 13 14 15 16 17 18 19 20 21	recall that?  A. Yes. Q. You can't point to me to a single talc sample that she tested in Exhibit 47 that you can show me ended up in talc-based body powders, can you?  MS. O'DELL: Object to the form.  A. Can I look at it?  BY MR. KLATT: Q. Sure.	11 11 14 11 10 11 11 12 20 2	2 3 4 5 6 7 8 9 0	Q. Are you aware that certain types of asbestos are ubiquitous in the environment?  MS. O'DELL: Object to the form.  A. I am aware of that.  BY MR. KLATT:  Q. And you're aware that when talc is tested for asbestos, that there can be occasional asbestos particles on the test	
12 13 14 15 16 17 18 19 20 21 22	recall that?  A. Yes. Q. You can't point to me to a single talc sample that she tested in Exhibit 47 that you can show me ended up in talc-based body powders, can you?  MS. O'DELL: Object to the form.  A. Can I look at it?  BY MR. KLATT: Q. Sure. A. What I see on here is the date,	12 13 14 15 16 17 18 19 20 22 22	2 3 4 5 6 7 8 9 0 1	Q. Are you aware that certain types of asbestos are ubiquitous in the environment?  MS. O'DELL: Object to the form.  A. I am aware of that.  BY MR. KLATT:  Q. And you're aware that when talc is tested for asbestos, that there can be occasional asbestos particles on the test equipment itself, correct?	
12 13 14 15 16 17 18 19 20 21	recall that?  A. Yes. Q. You can't point to me to a single talc sample that she tested in Exhibit 47 that you can show me ended up in talc-based body powders, can you?  MS. O'DELL: Object to the form.  A. Can I look at it?  BY MR. KLATT: Q. Sure.	11 11 14 11 10 11 11 12 20 2	2 3 4 5 6 7 8 9 0 1 1 2 3	Q. Are you aware that certain types of asbestos are ubiquitous in the environment?  MS. O'DELL: Object to the form.  A. I am aware of that.  BY MR. KLATT:  Q. And you're aware that when talc is tested for asbestos, that there can be occasional asbestos particles on the test	

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Page 418	Page 420
1 A. I don't I mean, I don't know 1 BY MR. KLATT:	1 ugc +20
2 that. I don't have evidence to support that.  2 Q. Do you know what that n	neans?
3 BY MR. KLATT:  3 MS. O'DELL: Object to the support that:	
4 Q. Well, are you aware that in 4 form.	
5 various test methodologies testing talc to 5 A. I understand that using	
6 see whether it has asbestos, that those 6 whatever the ASTM method, that the	this finding
7 methods take into account that there may be 7 would be considered background 1	
8 occasional contamination of the test  8 don't know if that's the same method  8 don't know if that is the same method  8 don't know if that is the same method  8 don't know if that is the same method  8 don't know if that is the same method  8 don't know if that is the same method  8 don't know if that is the same method  8 don't know if that is the same method  8 don't know if that is the same method  8 don't know if that is the same method  8 don't know if that is the same method  8 don't know if that is the same method  9 don't know if that is the same method  10 don't know if that is the same method  10 don't know if that is the same method  10 don't know if that is the same method  10 don't know if that is the same method  10 don't know if that is the same method  10 don't know if the s	
9 equipment by asbestos that has nothing to do 9 used to test this.	
10 with the sample being tested? 10 BY MR. KLATT:	
11 MS. O'DELL: Object to the 11 Q. So just in summary, when	ı you
form. 12 cited Julie Pier's Exhibit 47 in your	
13 BY MR. KLATT: 13 you can't tell Judge Wilson that an	
Q. Are you aware of that? 14 samples on Exhibit 47 ended up in	
MS. O'DELL: Object to the 15 Johnson baby powder or Shower to	
16 form. 16 correct?	•
Don't speculate, Dr. Wolf. If 17 MS. O'DELL: Object to the	ne
you know, please say so. If you 18 form, assumes facts not in evid	
19 don't 19 A. I don't have that informat	ion.
20 A. I don't know. 20 BY MR. KLATT:	
21 BY MR. KLATT: 21 Q. Let me ask you about frag	grance.
22 Q. If you turn over on the back of 22 Can you rule out fragrance as the s	
23 page or second page of Exhibit 47 to 23 of ovarian cancer in women who u	se talc-based
24 Ms. Pier's deposition. 24 body powder products?	
Page 419	Page 421
1 A. Yes. 1 MS. O'DELL: Object to the	ne
2 Q. Do you see, for example, the 2 form.	
3 very last sample says, "finding 3 A. I believe that fragrance the	at's
4 indistinguishable from background levels 4 in the product is inflammatory and	
5 determined using ASTM method D6620-00"? Do 5 irritating. I don't know of any evic	
6 you see that? 6 that has studied that fragrance on i	
7 A. I see that. 7 as to whether on its own it causes of	
8 Q. Do you have any idea what that 8 cancer or not, or if it were out of the	
9 method is? 9 product it would cause ovarian car	
10 MS. O'DELL: Object to the 10 All I have is the information on the	
11 form. 11 product.	
12 A. Well, it's on the left side, 12 BY MR. KLATT:	
13 this says "Transmission Electron Microscope 13 Q. Do you know whether asl	
14 Analysis." I don't know if that that's the 14 high levels of asbestos in drinking	water
15 same as ASTM or not. 15 causes ovarian cancer?	
16 BY MR. KLATT: 16 A. I don't believe that oral	
17 Q. But do you understand what it 17 ingestion has been shown to cause	ovarian
17 Q. But do you understand what it 17 ingestion has been shown to cause 18 means when it says, "Finding 18 cancer.	ovarian
17 Q. But do you understand what it 18 means when it says, "Finding 19 indistinguishable from background levels 11 ingestion has been shown to cause 12 cancer. 13 Q. So not any just any	
17 Q. But do you understand what it 18 means when it says, "Finding 19 indistinguishable from background levels 20 determined using ASTM method D6620-00"? Do  17 ingestion has been shown to cause 18 cancer. 19 Q. So not any just any 20 exposures to asbestos cause ovaria	
17 Q. But do you understand what it 18 means when it says, "Finding 19 indistinguishable from background levels 20 determined using ASTM method D6620-00"? Do 21 you know what  17 ingestion has been shown to cause 18 cancer. 19 Q. So not any just any 20 exposures to asbestos cause ovaria 21 correct?	n cancer,
17Q. But do you understand what it17ingestion has been shown to cause18means when it says, "Finding18cancer.19indistinguishable from background levels19Q. So not any just any20determined using ASTM method D6620-00"? Do20exposures to asbestos cause ovaria21you know what21correct?22MS. O'DELL: Excuse me. Object22MS. O'DELL: Object to the	n cancer,
17 Q. But do you understand what it 18 means when it says, "Finding 19 indistinguishable from background levels 20 determined using ASTM method D6620-00"? Do 21 you know what  17 ingestion has been shown to cause 18 cancer. 19 Q. So not any just any 20 exposures to asbestos cause ovaria 21 correct?	n cancer,

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	Page 422			Page 424
1	don't think oral ingestion has been shown to	1	BY MR. KLATT:	
2	cause ovarian cancer.	2	Q. Is that Exhibit 10?	
3	BY MR. KLATT:	3	A. It's Exhibit 13. It's here. I	
4	Q. You're aware that there's been	4	thought it was here.	
5	studies of drinking of ovarian cancer in	5	MS. O'DELL: This is my copy.	
6	women who consumed high levels of drinking	6	What do you have right here?	
7	water for long periods of time that had high	7	THE WITNESS: That's	
8	levels of asbestos in it, correct?	8	Exhibit 13.	
9	MS. O'DELL: Object to the	9	BY MR. KLATT:	
10	form.	10	Q. And is 13 the IARC talc	
11	A. Restate that question.	11	monograph or the IARC asbestos monograph?	
12	BY MR. KLATT:	12	A. It's the IARC talc one.	
13	Q. Yeah, I'm sorry, that was a bad	13	Q. Didn't we mark the we did?	
14	question. You're aware there's been studies	14	MS. O'DELL: I don't see it.	
15	done of women who consumed, over long periods	15	MR. SILVER: Let's go off the	
16	of time, drinking water with high levels of	16	record while we look at the exhibit.	
17	asbestos in it and had no increased risk of	17	MS. O'DELL: Well, he's asking	
18	ovarian cancer, correct?	18	the questions. We're looking here.	
19	MS. O'DELL: Object to the	19	There's no need to go off the record,	
20	form.	20	I don't think.	
21	A. I believe that oral intake of	21	MR. SILVER: Mike, let's do it.	
22	asbestos has not been shown to increase the	22	MR. KLATT: Yeah, until we find	
23	risk of ovarian cancer.	23	it, let's go off the record, because I	
24		24	don't want to waste time looking for	
	Page 423			Page 425
1	BY MR. KLATT:	1	it. I thought all the exhibits were	
2	Q. Are you aware of any	2	here.	
3	nonoccupational studies of women living in	3	MS. O'DELL: Are you going to	
4	the vicinity of asbestos mines that show that	4	mark it?	
5	they had an increased risk of ovarian cancer?	5	MR. KLATT: No, I thought it's	
6	A. I'm not aware of any data	6	already marked.	
7	that studies that show that women living	7	MS. BROWN: It's already	
8	near mines, that mine asbestos or talcum	8	marked.	
9	powder have an increased risk of ovarian	9	MS. O'DELL: Look right there.	
10	cancer.	10	THE WITNESS: That's Dr. Saed's	
11	Q. And, in fact, IARC said it	11	paper. This is my CV. This is my	
12	based its determination that there was a	12	report. What's this one? There it	
10				
13	potential link between asbestos and ovarian	13	is.	
14	potential link between asbestos and ovarian cancer based only on cohort studies of high	13 14	is. MS. O'DELL: There it is.	
14 15	potential link between asbestos and ovarian cancer based only on cohort studies of high occupational exposure in women, correct?	13 14 15	is.  MS. O'DELL: There it is.  A. I knew it was there.	
14 15 16	potential link between asbestos and ovarian cancer based only on cohort studies of high occupational exposure in women, correct?  MS. O'DELL: Object to the	13 14 15 16	is.  MS. O'DELL: There it is.  A. I knew it was there.  BY MR. KLATT:	
14 15 16 17	potential link between asbestos and ovarian cancer based only on cohort studies of high occupational exposure in women, correct?  MS. O'DELL: Object to the form.	13 14 15 16 17	is.  MS. O'DELL: There it is.  A. I knew it was there.  BY MR. KLATT:  Q. Would you look at page 256, and	
14 15 16 17 18	potential link between asbestos and ovarian cancer based only on cohort studies of high occupational exposure in women, correct?  MS. O'DELL: Object to the form.  If you need to look at the IARC	13 14 15 16 17 18	is.  MS. O'DELL: There it is.  A. I knew it was there.  BY MR. KLATT:  Q. Would you look at page 256, and let's identify for the record that you're	
14 15 16 17 18 19	potential link between asbestos and ovarian cancer based only on cohort studies of high occupational exposure in women, correct?  MS. O'DELL: Object to the form.  If you need to look at the IARC monograph, Dr. Wolf, we'll pull it	13 14 15 16 17 18 19	is.  MS. O'DELL: There it is.  A. I knew it was there.  BY MR. KLATT:  Q. Would you look at page 256, and let's identify for the record that you're looking at Exhibit 10, which is the portion	
14 15 16 17 18 19 20	potential link between asbestos and ovarian cancer based only on cohort studies of high occupational exposure in women, correct?  MS. O'DELL: Object to the form.  If you need to look at the IARC monograph, Dr. Wolf, we'll pull it out.	13 14 15 16 17 18 19 20	is.  MS. O'DELL: There it is.  A. I knew it was there.  BY MR. KLATT:  Q. Would you look at page 256, and let's identify for the record that you're looking at Exhibit 10, which is the portion of the IARC 2012 monograph dealing with	
14 15 16 17 18 19 20 21	potential link between asbestos and ovarian cancer based only on cohort studies of high occupational exposure in women, correct?  MS. O'DELL: Object to the form.  If you need to look at the IARC monograph, Dr. Wolf, we'll pull it out.  A. So the IARC monograph, I know	13 14 15 16 17 18 19 20 21	is.  MS. O'DELL: There it is.  A. I knew it was there.  BY MR. KLATT:  Q. Would you look at page 256, and let's identify for the record that you're looking at Exhibit 10, which is the portion of the IARC 2012 monograph dealing with asbestos; is that correct?	
14 15 16 17 18 19 20 21 22	potential link between asbestos and ovarian cancer based only on cohort studies of high occupational exposure in women, correct?  MS. O'DELL: Object to the form.  If you need to look at the IARC monograph, Dr. Wolf, we'll pull it out.  A. So the IARC monograph, I know that they looked at I can't remember what	13 14 15 16 17 18 19 20 21 22	is.  MS. O'DELL: There it is.  A. I knew it was there.  BY MR. KLATT:  Q. Would you look at page 256, and let's identify for the record that you're looking at Exhibit 10, which is the portion of the IARC 2012 monograph dealing with asbestos; is that correct?  A. Yes.	
14 15 16 17 18 19 20 21	potential link between asbestos and ovarian cancer based only on cohort studies of high occupational exposure in women, correct?  MS. O'DELL: Object to the form.  If you need to look at the IARC monograph, Dr. Wolf, we'll pull it out.  A. So the IARC monograph, I know	13 14 15 16 17 18 19 20 21	is.  MS. O'DELL: There it is.  A. I knew it was there.  BY MR. KLATT:  Q. Would you look at page 256, and let's identify for the record that you're looking at Exhibit 10, which is the portion of the IARC 2012 monograph dealing with asbestos; is that correct?	

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1	IARC Working Group noted a causal association	1	BY MR. KLATT:	. 450 720
1 2	between exposure to asbestos and cancer of	2	Q. I hand you what's marked as	
3	the ovary was clearly established, based on	3	Exhibit 22.	
4		4		
5	five strongly positive cohort mortality studies of women with heavy occupational	5	<ul><li>A. Page 280.</li><li>Q. And that is the full 2012 IARC</li></ul>	
6	exposure to asbestos."	6		
7	Correct?	7	asbestos monograph that previously Exhibit 10 was an excerpt from	
8	A. I see that.	8	A. Yes.	
9	Q. And do you can you flip over	9	Q is that correct?	
10	to page 280 of that asbestos IARC monograph.	10	A. That's correct.	
11	A. I don't have 280. I only go to	11	Q. And we established that on	
12	A. I don't have 280. I only go to 274.	12	•	
13		13	page 256, they said that the link between ovarian cancer and asbestos was based on	
14	MS. BROWN: I think your			
	counsel has the did we give you the	14	heavy occupational exposure to asbestos in	
15	larger copy?	15	women, correct?	
16	MS. O'DELL: You gave me this	16	MS. O'DELL: Object to the	
17	copy. But it and it's definitely a	17	form.	
18	larger one, but let's see what	18	BY MR. KLATT:	
19	THE WITNESS: I got it. I got	19	Q. Is that correct?	
20	page 280.	20	A. "The Working Group noted that a	
21	MS. BROWN: Here's another one	21	causal association between exposure and	
22	if you need another one.	22	cancer in the" "to asbestos and cancer of	
23	BY MR. KLATT:	23	the ovary was clearly established, based on	
24	Q. Actually, that's my highlighted	24	five strongly positive cohort studies of	
	Page 427			Page 429
1	one. Can I give you this one? I just want	1	women with heavy occupational exposure to	
2	you to verify that you're looking at the same	2	asbestos."	
3	thing that's been marked as Exhibit 10.	3	Yes.	
4	MS. O'DELL: Well, it's	4	Q. Now, flip over, if you would,	
5	actually not the same as Exhibit 10,	5	to page 280.	
6	because what you provided to her is a	6	A. Okay. I'm there.	
7	more comprehensive copy of the	7	Q. I believe in the right-hand	
8	monograph.	8	column, this same exact working group, what	
9	MR. KLATT: What I provided her	9	did they say about the relationship between	
10	was the complete asbestos monograph	10	talc and ovarian cancer?	
11	that Exhibit 10 is a part of.	11	MS. O'DELL: I'm sorry, where	
12	MS. O'DELL: Well, that's my	12	are you reading, Mike? On 280?	
13	MB. O DELL. WEII, Mat 8 My		•	
13	point			
1.4	point.  MR KLATT: Okay	13	BY MR. KLATT:	
14	MR. KLATT: Okay.	14	Q. Do you see	
15	MR. KLATT: Okay. MS. O'DELL: It's not the same	14 15	<ul><li>Q. Do you see</li><li>MS. O'DELL: Are you reading</li></ul>	
15 16	MR. KLATT: Okay. MS. O'DELL: It's not the same thing. And so just mark it.	14 15 16	Q. Do you see MS. O'DELL: Are you reading BY MR. KLATT:	
15 16 17	MR. KLATT: Okay. MS. O'DELL: It's not the same thing. And so just mark it. MS. BROWN: Let's just mark it.	14 15 16 17	Q. Do you see MS. O'DELL: Are you reading BY MR. KLATT: Q. On page 280, it makes a comment	
15 16 17 18	MR. KLATT: Okay. MS. O'DELL: It's not the same thing. And so just mark it. MS. BROWN: Let's just mark it. MR. KLATT: Yeah, let's mark	14 15 16 17 18	Q. Do you see MS. O'DELL: Are you reading BY MR. KLATT: Q. On page 280, it makes a comment about	
15 16 17 18 19	MR. KLATT: Okay. MS. O'DELL: It's not the same thing. And so just mark it. MS. BROWN: Let's just mark it. MR. KLATT: Yeah, let's mark this as whatever our next exhibit is.	14 15 16 17 18 19	Q. Do you see MS. O'DELL: Are you reading BY MR. KLATT: Q. On page 280, it makes a comment about A. They're referencing the IARC	
15 16 17 18 19 20	MR. KLATT: Okay. MS. O'DELL: It's not the same thing. And so just mark it. MS. BROWN: Let's just mark it. MR. KLATT: Yeah, let's mark this as whatever our next exhibit is. Do you know what that number	14 15 16 17 18 19 20	Q. Do you see MS. O'DELL: Are you reading BY MR. KLATT: Q. On page 280, it makes a comment about A. They're referencing the IARC 10.	
15 16 17 18 19 20 21	MR. KLATT: Okay. MS. O'DELL: It's not the same thing. And so just mark it. MS. BROWN: Let's just mark it. MR. KLATT: Yeah, let's mark this as whatever our next exhibit is. Do you know what that number is?	14 15 16 17 18 19 20 21	Q. Do you see MS. O'DELL: Are you reading BY MR. KLATT: Q. On page 280, it makes a comment about A. They're referencing the IARC 10. Q. Yeah. And what does	
15 16 17 18 19 20 21 22	MR. KLATT: Okay. MS. O'DELL: It's not the same thing. And so just mark it. MS. BROWN: Let's just mark it. MR. KLATT: Yeah, let's mark this as whatever our next exhibit is. Do you know what that number is?  (Deposition Exhibit 22 marked	14 15 16 17 18 19 20 21 22	Q. Do you see MS. O'DELL: Are you reading BY MR. KLATT: Q. On page 280, it makes a comment about A. They're referencing the IARC 10. Q. Yeah. And what does A. "The association between	
15 16 17 18 19 20 21	MR. KLATT: Okay. MS. O'DELL: It's not the same thing. And so just mark it. MS. BROWN: Let's just mark it. MR. KLATT: Yeah, let's mark this as whatever our next exhibit is. Do you know what that number is?	14 15 16 17 18 19 20 21	Q. Do you see MS. O'DELL: Are you reading BY MR. KLATT: Q. On page 280, it makes a comment about A. They're referencing the IARC 10. Q. Yeah. And what does	

## Case 3:16-md-02738-MAS-RLS Document 9733-4 Filed 05/07/19 Page 110 of 124 PageID: 34578 Judith K. Wolf, M.D.

		Page 430			Page 432
1	the record?	C	1	to the ovary, have they?	
2	A. "Potential retrograde		2	A. No. That they're carcinogenic,	
3	translocation to the ovarian epithelium and		3	not specifically to the ovary.	
4	the development of ovarian cancer"		4	Q. The type of carcinogenicity	
5	THE REPORTER: Hold on. You're		5	they're referring to with those metals are	
6	going to have to back up		6	when they're breathed in fumes, correct?	
7	THE WITNESS: Okay.		7	A. I can't recall.	
8	A. "The association between		8	Q. Are you aware that chromium is	
9	exposure to talc, potential retrograde		9	an essential trace heavy metal for nutrition?	
10	translocation to the ovarian epithelium and		10	MS. O'DELL: Object to the	
11	the development of ovarian cancer is		11	form.	
12	controversial."		12	A. I haven't studied nutrition in	
13	And this is referencing IARC		13	a long time. If I saw a list and saw it on	
14	2010 and this volume.		14	there, I can't I don't know I'm not	
15	Q. So while the IARC working group		15	aware of that.	
16	in 2012 said that asbestos exposure is		16	BY MR. KLATT:	
17	related to ovarian cancer based on heavy		17	Q. Chromium's contained in	
18	occupational exposure, this same working		18	multivitamins, isn't it, Dr. Wolf?	
19	group said the association between exposure		19	A. I don't know. I don't take	
20	to talc, retrograde translocation to the		20	multivitamins and I don't recommend them to	
21	ovary and development of ovarian cancer is		21	my patients.	
22	controversial, correct?		22	Q. Chromium can help control your	
23	MS. O'DELL: Object to the		23	blood sugar, right?	
24	form.		24	A. Are you telling me that	
		Page 431			Page 433
1	A So that was the conclusion of	Page 431	1	chromium is released from the pencroes to	Page 433
1 2	A. So that was the conclusion of	Page 431	1 2	chromium is released from the pancreas to	Page 433
2	the IARC 10 talc	Page 431	2	help control blood sugar?	Page 433
2 3	the IARC 10 talc BY MR. KLATT:	Page 431	2 3	help control blood sugar?  Q. Do you know what chromium does	Page 433
2 3 4	the IARC 10 talc BY MR. KLATT: Q. And it also refers to the IARC	Page 431	2 3 4	help control blood sugar?  Q. Do you know what chromium does as an essential trace nutrient in the body?	Page 433
2 3 4 5	the IARC 10 talc BY MR. KLATT: Q. And it also refers to the IARC 2012 asbestos monograph, correct?	Page 431	2 3 4 5	help control blood sugar?  Q. Do you know what chromium does as an essential trace nutrient in the body?  A. I don't.	Page 433
2 3 4 5 6	the IARC 10 talc BY MR. KLATT: Q. And it also refers to the IARC 2012 asbestos monograph, correct? MS. O'DELL: Object to the	Page 431	2 3 4 5 6	help control blood sugar?  Q. Do you know what chromium does as an essential trace nutrient in the body?  A. I don't.  Q. Are you aware of any evidence	Page 433
2 3 4 5 6 7	the IARC 10 talc BY MR. KLATT: Q. And it also refers to the IARC 2012 asbestos monograph, correct? MS. O'DELL: Object to the form.	Page 431	2 3 4 5 6 7	help control blood sugar?  Q. Do you know what chromium does as an essential trace nutrient in the body?  A. I don't.  Q. Are you aware of any evidence that the chromium levels in the blood or	Page 433
2 3 4 5 6 7 8	the IARC 10 talc BY MR. KLATT: Q. And it also refers to the IARC 2012 asbestos monograph, correct? MS. O'DELL: Object to the form. BY MR. KLATT:	Page 431	2 3 4 5 6 7 8	help control blood sugar?  Q. Do you know what chromium does as an essential trace nutrient in the body?  A. I don't.  Q. Are you aware of any evidence that the chromium levels in the blood or tissue of women who use talc-based body	
2 3 4 5 6 7 8	the IARC 10 talc BY MR. KLATT: Q. And it also refers to the IARC 2012 asbestos monograph, correct? MS. O'DELL: Object to the form. BY MR. KLATT: Q. Correct?	Page 431	2 3 4 5 6 7 8 9	help control blood sugar?  Q. Do you know what chromium does as an essential trace nutrient in the body?  A. I don't.  Q. Are you aware of any evidence that the chromium levels in the blood or tissue of women who use talc-based body powder exceeds that in women who never have	
2 3 4 5 6 7 8 9	the IARC 10 talc BY MR. KLATT: Q. And it also refers to the IARC 2012 asbestos monograph, correct? MS. O'DELL: Object to the form. BY MR. KLATT: Q. Correct? MS. O'DELL: Object to the	Page 431	2 3 4 5 6 7 8 9	help control blood sugar?  Q. Do you know what chromium does as an essential trace nutrient in the body?  A. I don't.  Q. Are you aware of any evidence that the chromium levels in the blood or tissue of women who use talc-based body powder exceeds that in women who never have used such products?	
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2 3 4 5 6 7 8 9 10 11 12	the IARC 10 talc BY MR. KLATT: Q. And it also refers to the IARC 2012 asbestos monograph, correct? MS. O'DELL: Object to the form. BY MR. KLATT: Q. Correct? MS. O'DELL: Object to the form. A. It says "and this volume."	Page 431	2 3 4 5 6 7 8 9 10 11 12	help control blood sugar?  Q. Do you know what chromium does as an essential trace nutrient in the body?  A. I don't.  Q. Are you aware of any evidence that the chromium levels in the blood or tissue of women who use talc-based body powder exceeds that in women who never have used such products?  A. I'm not aware that that study has been done.	
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	the IARC 10 talc BY MR. KLATT: Q. And it also refers to the IARC 2012 asbestos monograph, correct? MS. O'DELL: Object to the form. BY MR. KLATT: Q. Correct? MS. O'DELL: Object to the form. A. It says "and this volume." BY MR. KLATT: Q. And this volume is what? A. 2012. MS. O'DELL: Object to the form. BY MR. KLATT: Q. The this volume that you just referred to is the 2012 IARC asbestos monograph, correct? A. That's correct.	Page 431	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	help control blood sugar?  Q. Do you know what chromium does as an essential trace nutrient in the body?  A. I don't.  Q. Are you aware of any evidence that the chromium levels in the blood or tissue of women who use talc-based body powder exceeds that in women who never have used such products?  A. I'm not aware that that study has been done.  Q. So you're not aware of any evidence of that, correct?  MS. O'DELL: Objection to the form.  A. I'm not aware that any study like that has been performed.  BY MR. KLATT:  Q. Are you aware that cobalt is an essential part of vitamin B12?  A. Yes.	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	the IARC 10 talc BY MR. KLATT: Q. And it also refers to the IARC 2012 asbestos monograph, correct? MS. O'DELL: Object to the form. BY MR. KLATT: Q. Correct? MS. O'DELL: Object to the form. A. It says "and this volume." BY MR. KLATT: Q. And this volume is what? A. 2012. MS. O'DELL: Object to the form. BY MR. KLATT: Q. The this volume that you just referred to is the 2012 IARC asbestos monograph, correct?	Page 431	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	help control blood sugar?  Q. Do you know what chromium does as an essential trace nutrient in the body?  A. I don't.  Q. Are you aware of any evidence that the chromium levels in the blood or tissue of women who use talc-based body powder exceeds that in women who never have used such products?  A. I'm not aware that that study has been done.  Q. So you're not aware of any evidence of that, correct?  MS. O'DELL: Objection to the form.  A. I'm not aware that any study like that has been performed.  BY MR. KLATT:  Q. Are you aware that cobalt is an essential part of vitamin B12?	

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1		Page 434			Page 436
1	A. I do.		1	BY MR. KLATT:	
2	Q. Do you know that cobalt plays a		2	Q. So you know of no such	
3	vital role in the Krebs cycle in the human		3	evidence, correct?	
4	body?		4	MS. O'DELL: Object to the	
5	A. It's also been shown to be		5	form.	
6	carcinogenic, possibly carcinogenic.		6	A. I'm not aware of any	
7	Q. Has IARC ever said that cobalt		7	evidence any study that's looked at that	
8	is possibly carcinogenic to the ovaries?		8	question.	
9	A. Not specifically to the		9	BY MR. KLATT:	
10	ovaries.		10	Q. Would you agree with me that	
11	Q. Are you aware of any evidence		11	foreign particles, other than talc that had	
12	that the cobalt levels in the blood or tissue		12	nothing to do with talc or talc-based body	
13	of women who use talc-based body powder		13	powders, can be introduced into the female	
14	exceeds that in the blood or tissues of women		14	reproductive tract by the activities you	
15	who have never used such body powders?		15	listed earlier, intercourse, going to the	
16	A. I'm not aware of any studies		16	bathroom, toilet paper, riding a bike,	
17	that have been done to show that.		17	exercising, use of tampons, walking, all	
18	Q. So you're not aware of any such		18	those activities can introduce non-talc	
19	evidence, correct?		19	foreign particles into the reproductive	
20	MS. O'DELL: Object to the		20	tract?	
21	form.		21	A. If they're exposed to the	
22	A. I'm not aware of any studies		22	perineal tissue, they could.	
23	that have looked at that.		23	Q. Are you aware that pathologists	
24			24	hired by these plaintiffs' lawyers have found	
		Page 435			Page 437
1	BY MR. KLATT:		1	hundreds of foreign particles that have	
2	Q. Are you aware that nickel is		2	nothing to do with talc-based body powders in	
3	found in nuts, dried beans, peas, soybeans,		3	the tissues of women who have ovarian cancer	?
4	grains and chocolate?		4	MS. O'DELL: Object to the	
5	A. I'm not aware of that.				
	Ara you ayyara that mialzal is		5	form.	
6	Q. Are you aware that nickel is		5 6	form. A. I'm not aware of that	
	found in some multivitamins?				
6 7 8	•		6	A. I'm not aware of that information. BY MR. KLATT:	
6 7 8 9	found in some multivitamins?  MS. O'DELL: Object to the form.		6 7 8 9	A. I'm not aware of that information. BY MR. KLATT: Q. Would that surprise you?	
6 7 8 9 10	found in some multivitamins?  MS. O'DELL: Object to the form.  A. I don't look at the list of		6 7 8 9 10	<ul><li>A. I'm not aware of that information.</li><li>BY MR. KLATT:</li><li>Q. Would that surprise you?</li><li>A. It would not surprise me.</li></ul>	
6 7 8 9 10 11	found in some multivitamins?  MS. O'DELL: Object to the form.  A. I don't look at the list of multivitamins, so I'm going to say I don't		6 7 8 9 10 11	A. I'm not aware of that information. BY MR. KLATT: Q. Would that surprise you? A. It would not surprise me. Q. Why?	
6 7 8 9 10 11 12	found in some multivitamins?  MS. O'DELL: Object to the form.  A. I don't look at the list of multivitamins, so I'm going to say I don't know.		6 7 8 9 10 11 12	A. I'm not aware of that information. BY MR. KLATT: Q. Would that surprise you? A. It would not surprise me. Q. Why? A. Because I have multiple levels	
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1	Page 438			Page 440
1	anything else, I would definitely want it	1	A. Most of it's eliminated out of	Ü
2	studied. I've never seen an epidemiologic	2	the body. In the vast majority of women,	
3	study that suggested that toilet paper or any	3	some of it goes retrograde.	
4	of those other things you mentioned are	4	Q. And you talked about	
5	potentially associated with an increased risk	5	endometriosis earlier, correct?	
6	of ovarian cancer.	6	A. Yes.	
7	BY MR. KLATT:	7	Q. That's endometrial tissue	
8	Q. Are you aware in the '60s and	8	that's already in the uterus that may get	
9	'70s, that tampons contained asbestos?	9	into the peritoneum, correct?	
10	A. I wasn't aware of that.	10	MS. O'DELL: Objection.	
11	MS. O'DELL: You were not or	11	A. It's endometrial tissue that	
12	you were? I'm sorry.	12	during the time of menstruation goes back out	
13	THE WITNESS: Was not.	13	through the fallopian tubes and goes it	
14	BY MR. KLATT:	14	can go in the ovaries, in the pelvis,	
15	Q. Have you investigated had	15	anywhere in the abdomen. I've seen it in the	
16	any curiosity about investigating the	16	chest.	
17	non-talc-based body powder particles that	17	BY MR. KLATT:	
18	women's reproductive tracts may be exposed to	18	Q. But that endometrial tissue	
19	that can result in ovarian cancer?	19	starts in the uterus, correct?	
20	MS. O'DELL: Object to the	20	A. That's correct.	
21	form.	21	Q. That's halfway up the	
22	A. I don't have any evidence that	22	reproductive tract to the ovaries, correct?	
23	there's anything else that's been suggested	23	A. That's in the uterus.	
24	that something else could cause ovarian	24	Q. You're not aware of any sort of	
	Dec. 420			D 441
١.	Page 439	,		Page 441
1	cancer, that's introduced through the	1	endometrial tissue coming from the external	
2	perineum.	2	genital area, moving up the vagina, across	
3	BY MR. KLATT:	3	the cervix into the uterus, correct?	
4	Q. People just haven't looked at			
5		4	A. Well, there isn't any	
	it, correct?	5	endometrial tissue in the vagina or the	
6	it, correct?  MS. O'DELL: Object to the	5 6	endometrial tissue in the vagina or the cervix.	
7	it, correct?  MS. O'DELL: Object to the form.	5 6 7	endometrial tissue in the vagina or the cervix.  Q. That's my point. The tissue in	
7 8	it, correct?  MS. O'DELL: Object to the form.  A. Generally, people look at a	5 6 7 8	endometrial tissue in the vagina or the cervix.  Q. That's my point. The tissue in endometriosis starts in the uterus, correct?	
7 8 9	it, correct?  MS. O'DELL: Object to the form.  A. Generally, people look at a question when they see something that happens	5 6 7 8 9	endometrial tissue in the vagina or the cervix.  Q. That's my point. The tissue in endometriosis starts in the uterus, correct?  A. Yes.	
7 8 9 10	it, correct?  MS. O'DELL: Object to the form.  A. Generally, people look at a question when they see something that happens that suggests that there may be a	5 6 7 8 9 10	endometrial tissue in the vagina or the cervix.  Q. That's my point. The tissue in endometriosis starts in the uterus, correct?  A. Yes.  Q. The talc particles that women	
7 8 9 10 11	it, correct?  MS. O'DELL: Object to the form.  A. Generally, people look at a question when they see something that happens that suggests that there may be a correlation.	5 6 7 8 9 10 11	endometrial tissue in the vagina or the cervix.  Q. That's my point. The tissue in endometriosis starts in the uterus, correct?  A. Yes.  Q. The talc particles that women apply when they apply talc, are applied	
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		D 442			D 444
1	O And the selection the services	Page 442	1	THE VIDEOCD ADDIED. Color off	Page 444
$\frac{1}{2}$	Q. And they have the entire vaginal canal between the external genital		$\frac{1}{2}$	THE VIDEOGRAPHER: Going off	
2 3	area and then the cervix, correct?		3	the record. The time is 5:51 p.m. (Recess taken from 5:51 p.m. to	
4	A. Correct.		4	5:52 p.m.)	
5	Q. And then they have to cross the		5	THE VIDEOGRAPHER: Back on the	
6	cervix, correct?		6	record. The time is 5:52 p.m.	
7	A. Yeah.		7	BY MR. KLATT:	
8	Q. Before they even get to the		8	Q. Dr. Wolf, just a quick question	
9	uterus, correct?		9	about your CV. I just want to make sure I'm	
10	A. That's correct.		10	clear. Have you ever held the position of	
11	Q. And they're still not to the		11	full professor at an institution?	
12	fallopian tubes or ovaries, right?		12	A. Yes.	
13	A. That's correct.		13	Q. Okay. I just wasn't sure. And	
14	Q. And I understand that you		14	that's listed on your CV; is that correct?	
15	testified earlier today, that you don't know		15	A. Yes.	
16	of a single study that traced talc particles		16	Q. And are you still holding a	
17	placed externally and traced them up the		17	full professorship, or did you give that up	
18	vaginal canal, across the cervix, through the		18	at some point?	
19	uterus, up the fallopian tubes to the		19	A. I gave that up.	
20	ovaries, correct?		20	Q. When was that?	
21	MS. O'DELL: Object to the		21	A. When I left Banner MD Anderson	
22	form.		22	in 2014. I haven't had an academic position	
23	A. I'm aware of multiple studies		23	since then.	
24	of other inert products that cross from the		24	Q. And earlier, you said that you	
	1				
		Page 443			Page 445
1	genital area or the vagina, into the		1	had seen inflammation when you operated on	
2	ovaries and the pelvis. As since other		2	women with ovarian cancer, I think?	
3	inert substances do cross that way, it makes		3	MS. O'DELL: Object to form.	
4	sense to me that talc or something else,		4	A. I have seen pathologic slides.	
5	other things that we talked about, certainly		5	I look at all the slides of my patients with	
6	could also.		6	ovarian cancer. And sometimes you see	
7	BY MR. KLATT:		7	inflammation in relationship with the cancer.	
8	Q. But none of those particles		8	BY MR. KLATT:	
9	that you just referred to were applied		9	Q. And cancer itself is capable of	
10	externally, correct?		10	causing inflammation, correct?	
11	A. They were not applied		11	A. Cancer itself can cause	
12	externally.		12	inflammation.	
13	Q. And talc is, correct?		13	MR. KLATT: I think that's all	
14	A. And talc is. But the vagina is		14	the questions I have.	
15	open to the outside.		15	MS. O'DELL: Let's go off the	
16	Q. Any foreign particle, not just		16	record.	
17	talc?		17	THE VIDEOGRAPHER: Going off	
18	A. Excuse me. Yes. Yes.		18	the record. The time is 5:54 p.m.	
1	1 (D) 177 :		19	(Recess taken from 5:54 p.m. to	
19	MR. KLATT: Can we go off the				
20	record for just a second. I think I		20	6:16 p.m.)	
20 21	record for just a second. I think I have little, if anything, left.		20 21	6:16 p.m.) THE VIDEOGRAPHER: Back on the	
20 21 22	record for just a second. I think I have little, if anything, left. MS. O'DELL: Okay.		20 21 22	6:16 p.m.)	
20 21	record for just a second. I think I have little, if anything, left.		20 21	6:16 p.m.) THE VIDEOGRAPHER: Back on the	

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		D 446			D 440
		Page 446			Page 448
1	EXAMINATION		1	Q. And J&J counsel purported to	- 1
2	BY MS. O'DELL:		2	or suggested that FDA's testing of talcum	- 1
3	Q. Dr. Wolf, just a few questions		3	powder products, including J&J's talc, had	
4	for you. You were shown two exhibits today,		4	resulted in a finding that there was no	
5	Exhibit 20 and Exhibit 21, from a website		5	asbestos in baby powder. Do you recall that?	
6	from a company that you were formerly		6	MS. BROWN: Objection to the	
7	employed by. Do you recall those questions		7	form.	
8	and exhibits?		8	A. I recall that.	
9	A. Yes.		9	BY MS. O'DELL:	
10	Q. And have you had an opportunity		10	Q. All right. If you'll turn over	
11	to review these documents?		11	to page 2 of Exhibit 9, did the FDA state	
12	A. Yes.		12	that the testing that they performed was	
13	Q. And is there anything that's		13	evidence that there was no asbestos in	
14	contained in the materials that you that		14	cosmetic talc?	
15	are in these documents that's inaccurate?		15	A. Under the results of the FDA	
16	A. No.		16	survey and what they mean, it says they found	
17	Q. Is there anything about what		17	no asbestos fibers or structures in any of	
18	was written here that's inconsistent with any		18	the samples that they tested, to shorten it	
19	of the opinions that you've given in this		19	out. But the results were limited, because	
20	litigation?		20	only four talc suppliers submitted samples,	
21	A. No.		21	and by the number of products tested. The	
22	Q. And in terms of the risk		22	next sentence says, "While the FDA finds	
23	factors that you touched on in either of		23	these results informative, they do not prove	
24	these two articles, are there any risk		24	that most or all talc or talc-containing	
		Page 447			Page 449
1	factors other than family history or	Page 447	1	cosmetic products currently marketed in the	Page 449
1 2	factors other than family history or familial-related risk factors?	Page 447	1 2	cosmetic products currently marketed in the United States are likely to be free of	Page 449
		Page 447			Page 449
2	familial-related risk factors?	Page 447	2	United States are likely to be free of	Page 449
2 3	familial-related risk factors?  A. In the "How to find the best	Page 447	2 3	United States are likely to be free of asbestos contamination."	Page 449
2 3 4	familial-related risk factors?  A. In the "How to find the best doctor for ovarian cancer" article, I talk	Page 447	2 3 4	United States are likely to be free of asbestos contamination."  Q. J&J's counsel didn't read that sentence to you, did she?	Page 449
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		Page 450			Page 452
1	are they?	ruge iso	1	experts regarding the appropriate methodology	-
2	A. The reference are numbers 41,		2	for testing asbestos in talc?	
3	42, 43, 44 and 45.		3	MS. BROWN: Objection to the	
4	Q. Do you need some water?		4	form.	
5	A. Yeah, I need some more.		5	A. I would refer to other experts	
6	Q. And if you'll turn to page 16		6	in that area.	
7	of 18 of Exhibit 18, you'll see it lists		7	BY MS. O'DELL:	
8	there references 41 through 45.		8	Q. Would you would you defer	
9	A. Yes.		9	to back up just a second.	
10	Q. And do those appear to be the		10	You were asked questions about	
11	references that the authors at NCI relied on		11	Dr. Longo and Rigler's report in the MDL.	
12	in reaching their opinions regarding perineal		12	A. Yes.	
13	talc use?		13	Q. And you recall in Dr. Longo and	
14	A. Yes.		14	Rigler's report, that they do perform a	
15	Q. And do those include excuse		15	quantification or an estimate of the number	
16	me. Do those references include the broad		16	of fibers in a particular bottle if there's a	
17	cross section of evidence that you reviewed		17	positive test. Do you recall those?	
18	and considered in reaching your opinions in		18	A. Yes.	
19	this case?		19	MS. BROWN: Objection to the	
20	MS. BROWN: Objection to the		20	form.	
21	form.		21	BY MS. O'DELL:	
22	A. No.		22	Q. Would you defer to Dr. Longo	
23	BY MS. O'DELL:		23	and Dr. Rigler on calculations like that, in	
24	Q. Are at least two of the five		24	terms of the specific composition of a	
				1 1	
		Page 451			Page 453
1	references in early 2000s, I think 2000 and	Page 451	1	specific bottle?	Page 453
1 2	references in early 2000s, I think 2000 and 2003?	Page 451	1 2	specific bottle?  MS. BROWN: Objection to the	Page 453
		Page 451		•	Page 453
2	2003?	Page 451	2	MS. BROWN: Objection to the	Page 453
2 3	2003? A. 2003, 2013. Schildkraut, which	Page 451	2 3	MS. BROWN: Objection to the form.	Page 453
2 3 4	A. 2003, 2013. Schildkraut, which is the newest one that they just added, 2016,	Page 451	2 3 4	MS. BROWN: Objection to the form. A. Yes.	Page 453
2 3 4 5 6 7	A. 2003, 2013. Schildkraut, which is the newest one that they just added, 2016, 2000, 2014.	Page 451	2 3 4 5	MS. BROWN: Objection to the form. A. Yes. BY MS. O'DELL:	Page 453
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	Page 4	54		Page 456
1	MS. BROWN: Form.		the literature, the totality of the evidence,	
2	MS. O'DELL: I don't know what	2	can platy talc cause inflammation?	ı
3	the form objection is, but let me see	3	A. Yes.	ı
4	if I can address it.	4	Q. Does inflammation in the ovary	ı
5	BY MS. O'DELL:	5	cause ovarian cancer?	ı
6	Q. Dr. Wolf, would you defer to	6	A. Chronic inflammation in the	ı
7	geology experts in terms of the composition	7	ovary can cause changes that are associated	ı
8	of the particular talc ore deposit?	8	with ovarian cancer, yes. Chronic	ı
9	A. A talc deposit?	9	inflammation can in the ovary can cause	ı
10	Q. Yes.	10	ovarian cancer.	ı
11	A. Yes.	11	Q. You asked a number of questions	ı
12	Q. You were also asked by	12	about asbestos and in terms of studies	ı
13	Mr. Klatt about adhesions and inflammation,	13	involving millers and miners. Would you	ı
14	acute inflammation following a surgical	14	explain to what ultimately would be a jury,	ı
15	procedure. Is there any evidence any	15	but initially will be Judge Wolfson, what the	ı
16	suggestion that acute inflammation following	16	possible routes of exposure are for, you	ı
17	a surgical procedure causes ovarian cancer?	17	know, asbestos and fibrous talc reaching the	
18	A. No.	18	ovary in the context of talcum powder	ı
19	Q. Let me you were asked some	19	products?	ı
20	questions about the IARC monograph, Volume	20	MS. BROWN: Objection to the	ı
21	93, the 2010 monograph. It was marked as	21	form.	ı
22	Exhibit 13.	22	A. So the possible routes are from	ı
23	A. This one. Yes.	23	the perineum, through the open vagina and	ı
24	Q. And, Dr. Wolf, was IARC's	24	open cervix and open fallopian tubes to the	
	Page 4	55		Page 457
1	Page 4			Page 457
1 2	examination of talc at the time they looked	1	ovaries. From inhalation, smaller particles	Page 457
2	examination of talc at the time they looked at it in 2006, I believe it was, were they	1 2	ovaries. From inhalation, smaller particles can be cross the membrane, be absorbed by	Page 457
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2 3 4	examination of talc at the time they looked at it in 2006, I believe it was, were they considering talc containing asbestiform fibers?	1 2 3 4	ovaries. From inhalation, smaller particles can be cross the membrane, be absorbed by the stroma, get into the lymphatic or blood system and get it that way. Fibrous	Page 457
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1	Page 458			Page 460
1	about talcum powder products causing ovarian	1	MS. BROWN: Objection to the	-
2	cancer. You recall those questions?	2	form of the question.	
3	A. Yes.	3	BY MS. O'DELL:	
4	Q. And is asbestos, as a component	4	Q. And did Dr. Longo find that	
5	of talcum powder products, essential in order	5	there was fibrous talc present in 41 out of	
6	for talcum powder, baby powder and Shower to	6	42 samples?	
7	Shower causing ovarian cancer?	7	MS. BROWN: Objection.	
8	MS. BROWN: Objection to the	8	A. She found fibrous talc in 41 of	
9	form of the question.	9	42 samples.	
10	A. So a talcum powder product has	10	THE REPORTER: Hold on a	
11	all of these substance and I assessed it as a	11	second. I'm not hearing	
12	whole. Multiple of the substances are either	12	THE WITNESS: I'm sorry.	
13	known to be carcinogenic or other substances	13	A. She	
14	possibly carcinogenic or fragrances	14	MS. BROWN: I sorry. Go	
15	irritating and inflammatory. I looked at the	15	ahead.	
16	product as a whole.	16	A. She found fibrous talc in 41	
17	BY MS. O'DELL:	17	of	
18	Q. If and you and in doing	18	MS. BROWN: He.	
19	that, looking at the product as a whole, was	19	A. He. I keep picturing a woman.	
20	it important to you to consider whether there	20	Fibrous talc in 41 of 42 samples.	
21	was a potent carcinogen such as asbestos in	21	MS. BROWN: And, Doctor, if you	
22	the product?	22	wouldn't mind just giving me second to	
23	MS. BROWN: Form.	23	object before you start answering	
24	A. It was information that added	24	THE WITNESS: I'm sorry.	
	P 450			- 1 c1
	Page 459		MG PROWN, it is a last	Page 461
1	to my concerns about the product. But	1	MS. BROWN: it will make the	
2	knowing that platy talc can cause	2	court reporter's job easier.	
3	inflammation and is possibly carcinogenic, as	3	THE WITNESS: Sorry.	
4	per IARC, and that platy talc appears to be	4	BY MS. O'DELL:	
5	almost universally, as per Longo's testing,	5	Q. And if you pulled any one	
6	part of talcum powder product, 41 out of 42	6	component that you've talked about today out	
7	samples that she tested, and that fibrous	7	of the talcum powder products, would that	
8	talc is asbestos, a form of asbestos, the	8	change your opinions?	
9	other asbestos fibers, one way or the other,	9	A. No.	
10	just add to my concern.	10	MS. O'DELL: That's all I have,	
11	BY MS. O'DELL:	11	Dr. Wolf. Thank you.	
12	Q. Yeah. You and just when you	12	MS. BROWN: Go off?	
12 13	Q. Yeah. You and just when you were relying, I think you misspoke. You were	12 13	MS. BROWN: Go off? MR. KLATT: Yeah.	
12 13 14	Q. Yeah. You and just when you were relying, I think you misspoke. You were saying the 41 out of 42 samples in	12 13 14	MS. BROWN: Go off? MR. KLATT: Yeah. MS. BROWN: Can we go off for	
12 13 14 15	Q. Yeah. You and just when you were relying, I think you misspoke. You were saying the 41 out of 42 samples in Dr. Longo's testing and you referred to platy	12 13 14 15	MS. BROWN: Go off? MR. KLATT: Yeah. MS. BROWN: Can we go off for one second?	
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		Page 462			Page 464
1	some questions by counsel for plaintiffs	- 450 102	1	was in her testing. I don't remember the	1 450 104
2	regarding Exhibits 20 and 21, articles that		2	word "quantification of asbestos."	
3	you authored regarding ovarian cancer. Do		3	BY MS. BROWN:	
4	you recall those questions?		4	Q. So you are relying on	
5	A. Yes.		5	Dr. Longo's testing for how much asbestos is	
6	Q. Okay. And you'd agree with me		6	in baby powder?	
7	that over the course of your career, you have		7	A. To interpret her findings.	
8	authored a number of articles, both in the		8	MS. O'DELL: His findings.	
9	medical press and in the popular press,		9	A. His findings. I'm trying to	
10	regarding ovarian cancer, correct?		10	make Dr. Longo a woman. It's not working.	
11	A. Yes.		11	BY MS. BROWN:	
12	Q. And you have never, over the		12	Q. You in sitting here and	
13	course of your entire career, published the		13	when you offered your opinion in this case,	
14	opinion that talc causes ovarian cancer,		14	though, you didn't have in mind a certain	
15	correct?		15	amount of asbestos that was needed or found	
16	A. I have not.		16	in the baby powder to cause ovarian cancer,	
17	Q. And you have never, over the		17	right?	
18	course of your career, blogged or tweeted or		18	MS. O'DELL: Object to the	
19	posted anything on any of the social media		19	form.	
20	accounts where you have a presence, that talc		20	A. Any amount of asbestos in baby	
21	causes ovarian cancer, correct?		21	talcum powder product, I'm concerned about	
22	A. I have not.		22	causing ovarian cancer.	
23	Q. And you have never spoken at		23	BY MS. BROWN:	
24	any symposia or conference and offered the		24	Q. And if I understood your	
1					
		Page 463			Page 465
1	opinion that talc causes ovarian cancer,	Page 463	1	testimony to plaintiffs' lawyer earlier, if	Page 465
2		Page 463	1 2	you took asbestos the asbestos that you	Page 465
	opinion that talc causes ovarian cancer,	Page 463			Page 465
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		D 466		D 46
		Page 466		Page 46
1	A. If you took any one of them		1	A. There isn't epidemiology
2	out, I would still have the opinion that		2	because because I don't know that the
3	talcum powder product causes ovarian cancer.		3	talcum powder product in the epidemiology
4	I don't know how you can take all of them out		4	left any of those out.
5	and still have a talcum powder product.		5	Q. So you issued a multipage
6	BY MS. BROWN:		6	report in this case, right, Dr. Wolf?
7	Q. Well, you understand that there		7	A. Yes.
8	is talcum powder exists that does not		8	Q. And that report contains
9	include fragrances, heavy metals, asbestos		9	numerous cites to epidemiology that looked at
10	and fibrous talc. Do you have that		10	people using cosmetic talcum powder, correct?
11	understanding?		11	A. That's correct.
12	MS. O'DELL: Object to the		12	Q. Is it your testimony here today
13	form.		13	that none of that epidemiology informs your
14	A. I'm not sure that there's		14	opinion about Johnson & Johnson baby powder
15	talcum powder that doesn't have at least		15	products?
16	fibrous talc.		16	A. That is not
17	BY MS. BROWN:		17	MS. O'DELL: Excuse me.
18	Q. And so are you of the opinion		18	A my opinion.
19	that platy talc and fibrous talc alone cause		19	MS. O'DELL: Object to the
20	ovarian cancer?		20	form, misstates her testimony.
21	MS. O'DELL: Object to the		21	A. What my understanding of your
22	form.		22	question was is, do I have epidemiologic
23			23	
24	A. I'm of the opinion that talcum		24	studies that show that if one any one of
24	powder product contains all of those		24	those substances is left out of the product,
		Page 467		D 46
				Page 46
1	ingradients that we list and that it assess	1 uge 407	1	Page 46
1	ingredients that we list and that it causes	Tage 407	1	that it causes ovarian cancer. And what my
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	Page 470			Page 472
1	BY MS. BROWN:	1	A. That's correct.	
2	Q. Sure. And for studies that	2	Q. Have you ever recommended to a	
3	looked at talcum powder products prior to	3	patient of yours who does not have ovarian	- 1
4	2010, you have considered and relied on those	4	cancer yet, that she have her ovaries removed	
5	in your report as well?	5	because of long-term talc use?	- 1
6	A. Yes.	6	A. No.	- 1
7	Q. And, in fact, the Penninkilampi	7	Q. Would you make that	- 1
8	meta-analysis that you regard as high	8	recommendation in the future?	
9	quality, includes a majority of studies that	9	A. It would be a discussion that I	
10	were considered by the IARC group in 2006,	10	would have with the patient. Looking at all	
11	correct?	11	of her risk factors, if her only risk factor	- 1
12	MS. O'DELL: Object to the	12	was talcum powder usage, I would just want	- 1
13	form.	13	her to know that she's at an increased risk	- 1
14	A. It definitely includes some of	14	and let her make the decision about that.	
15	those older studies.	15	Q. Are you aware of any	- 1
16	MS. BROWN: I have no further	16	professional	- 1
17	questions at this time.	17	MS. O'DELL: Excuse me, Mike.	
18	MR. KLATT: I have a couple	18	MR. KLATT: I'm sorry.	- 1
19	more.	19	MS. O'DELL: I'm sorry. Were	
20	FURTHER EXAMINATION	20	you done, Dr. Wolf?	- 1
21	BY MR. KLATT:	21	A. I mean, that's a tough	- 1
22	Q. Can you pull out Exhibit 9,	22	question. The challenge is there's no	
23	Dr. Wolf.	23	screening for ovarian cancer, right? So if	- 1
24	A. Exhibit 9, yes.	24	you have someone who's at an increased risk,	- 1
24	7. Exhibit 9, yes.	2-7	you have someone who s at an increased risk,	
	Page 471			Page 473
1	Q. And Exhibit 9 is the document	1	you can't say, well, we'll look at you more	Page 473
2	Q. And Exhibit 9 is the document that Ms. O'Dell discussed with you a few	2	often, we'll test you more often. There's no	Page 473
	Q. And Exhibit 9 is the document that Ms. O'Dell discussed with you a few minutes ago, where the FDA around 2009-2010,		often, we'll test you more often. There's no test to find ovarian cancer early.	Page 473
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2 3	Q. And Exhibit 9 is the document that Ms. O'Dell discussed with you a few minutes ago, where the FDA around 2009-2010,	2 3	often, we'll test you more often. There's no test to find ovarian cancer early.	Page 473
2 3 4 5 6	Q. And Exhibit 9 is the document that Ms. O'Dell discussed with you a few minutes ago, where the FDA around 2009-2010, tested both raw talc and off-the-shelf	2 3 4	often, we'll test you more often. There's no test to find ovarian cancer early.  On the other hand, the	Page 473
2 3 4 5 6 7	Q. And Exhibit 9 is the document that Ms. O'Dell discussed with you a few minutes ago, where the FDA around 2009-2010, tested both raw talc and off-the-shelf talc-based body powder products, correct?  A. Yes.  Q. And I think you read a portion	2 3 4 5 6 7	often, we'll test you more often. There's no test to find ovarian cancer early.  On the other hand, the generally accepted lifetime risk for ovarian cancer to push a doctor to recommend prophylactic surgery removal of the tubes and	Page 473
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2 3 4 5 6 7 8	Q. And Exhibit 9 is the document that Ms. O'Dell discussed with you a few minutes ago, where the FDA around 2009-2010, tested both raw talc and off-the-shelf talc-based body powder products, correct?  A. Yes.  Q. And I think you read a portion where it said only four talc suppliers had submitted their products to the FDA for	2 3 4 5 6 7 8 9	often, we'll test you more often. There's no test to find ovarian cancer early.  On the other hand, the generally accepted lifetime risk for ovarian cancer to push a doctor to recommend prophylactic surgery removal of the tubes and ovaries, is a 10 percent or greater lifetime risk.	Page 473
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_	Page 476
1 Johnson & Johnson baby powder or Shower to 1 Q. Sure. You've seen you've	-
2 Shower product, had inflammation of her 2 read the IARC monograph, you know	
3 reproductive tract as a result of that 3 air and outdoor air in urban areas, the	
4 powder? 4 concentrations of asbestos fibers ju	
5 MS. O'DELL: Objection to the 5 air we breath.	
6 form. 6 MS. O'DELL: Objection to	o form.
7 A. I can't I can't show you a 7 A. I would have to test the air	
8 paper that shows that. 8 know for sure that there's asbestos to	fibers in
9 BY MR. KLATT: 9 the air here.	
10 Q. You believe that talc can get 10 BY MR. KLATT:	
11 to the ovaries via inhalation, correct? 11 Q. You haven't seen that data	ı in
12 A. Yes. 12 the IARC monograph that you review	ewed?
13 Q. Are you aware that talc's 13 A. In this about the air in	
14 ubiquitous in the environment? 14 this room, no.	
15 Å. Yes. 15 Q. I'm talking about indoor at	ir
16 Q. Are you aware that women just 16 and outdoor area in urban areas. You	
17 walking around on city streets can breathe 17 in the IARC monograph, that there'	s a certain
18 talc particles in during the course of their 18 quantity of asbestos fibers in that ai	ir,
19 life? 19 correct?	
20 MS. O'DELL: Objection to form. 20 A. There is a certain amount	of
21 A. I'm aware that talc is 21 asbestos fibers in the air.	
22 ubiquitous to the environment. 22 Q. And so when you breathe	that
23 BY MR. KLATT: 23 air, you can inhale those asbestos fi	ibers
24 Q. Which means you can breathe it 24 and, according to you, they can end	l up in the
Page 475	Page 477
1 in every single breath you take, correct? 1 ovary, correct?	
2 MS. O'DELL: Object to the 2 A. Yes.	
3 form. 3 Q. And the same with talc	
4 A. I'm aware that talc is 4 particles, correct?	
5 ubiquitous to the environment. 5 A. Yes.	
6 BY MR. KLATT: 6 Q. Didn't even necessarily co	ome
7 Q. And so since it's ubiquitous in 7 from body powder, correct	
8 the environment and since you take a breath, 8 MS. O'DELL: Objection, f	orm.
9 you know, many times a minute, you're 9 BY MR. KLATT:	
10 probably inhaling talc particles every time 10 Q just from the environme	ent?
11 you breath, or at least every minute you 11 MS. O'DELL: Objection to	o the
12 breath, correct? 12 form.	
MS. O'DELL: Objection to the 13 A. You can inhale it from the	air
14 form. 14 and it can get to the ovaries.	
15 A. I don't have evidence to 15 BY MR. KLATT:	
16 support that. 16 Q. How long have you known	n
17 BY MR. KLATT: 17 Margaret Thompson, who is sitting	
18 Q. Well, you and you know, for 18 A. I met her about two a lit	
19 example, that there's asbestos fibers in this 19 over two years ago.	
	or
20 room as we sit here right now, don't you, Dr. 20 Q. Okay. You've never seen	
	s that
20 room as we sit here right now, don't you, Dr. 20 Q. Okay. You've never seen	s that
20 room as we sit here right now, don't you, Dr. 20 Q. Okay. You've never seen 21 Wolf? 21 been referred any patients by her; is	s that

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1 of the other plaintiffs' consultants by in 2 person, by phone, by e-mail, in any form or 3 fashion at all? 4 A. The only one I spoke with was 5 Dr. Saed. I spoke on the phone with him once 6 about, I'm going to say, a year or so ago. 7 Q. And what was the substance of 8 that conversation? 9 A. It was about his research. I 10 had questions about what he was doing. 11 Q. And what did you ask him? 12 A. I don't recall exactly. 13 Q. Did you keep notes? 14 A. I did not. 15 Q. How long was the phone call? 16 A. I think it was about a half an  Page 478  1 talked a little bit about the fact that he 2 worked in Detroit at Wayne State, when 3 know the GYN oncologist, and we were 4 about that. I told him I thought his 7 research was interesting and important. 6 was it. 7 Q. Are any of the Wayne State 8 gynecologic oncologists you know coat 9 Dr. Saed's paper? 10 A. Yes. Dr. Robert Morris. 11 Q. Have you talked to Dr. Morris 12 about this research? 13 A. I haven't spoken with 14 Dr. Morris about anything in a couple of years. 15 years. 16 Q. Have you communicated in an	e friendly That uthors of
2 person, by phone, by e-mail, in any form or 3 fashion at all? 3 know the GYN oncologist, and we were 4 A. The only one I spoke with was 5 Dr. Saed. I spoke on the phone with him once 6 about, I'm going to say, a year or so ago. 7 Q. And what was the substance of 8 that conversation? 9 A. It was about his research. I 10 had questions about what he was doing. 11 Q. And what did you ask him? 12 A. I don't recall exactly. 13 Q. Did you keep notes? 14 A. I did not. 15 Q. How long was the phone call?  2 worked in Detroit at Wayne State, when 3 know the GYN oncologist, and we were 4 about that. I told him I thought his 5 research was interesting and important. 6 was it. 7 Q. Are any of the Wayne State 8 gynecologic oncologists you know coat 9 Dr. Saed's paper? 10 A. Yes. Dr. Robert Morris. 11 Q. Have you talked to Dr. Morris 12 about this research? 13 A. I haven't spoken with 14 Dr. Morris about anything in a couple of years.	e friendly That uthors of
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15 Q. How long was the phone call? 15 years.	4
1 10 A. I Ullik it was about a han an 110 O. Have you communicated in an	137
17 hour. 17 form or fashion with any governmental	
18 Q. And when was that phone call? 18 agencies about talc and ovarian cancer?	
19 MS. O'DELL: I think she just 19 A. I have not.	
20 said. Thave not.  20 Q. Did you keep any notes of you	1#
21 A. I think it was about a year 21 discussion with Dr. Saed? Maybe I ask 22 ago. I can see I was standing in Arizona, 22 that.	.eu
22 ago. I can see I was standing in Arizona, 22 that. 23 which meant I was still working for Provista, 23 MS. O'DELL: Asked and	
24 so it was sometime before I left there. 24 answered.	
24 so it was sometime before i left there.	
Page 479	Page 481
1 BY MR. KLATT: 1 A. I did not.	
2 Q. Which month would that have 2 BY MR. KLATT:	
3 been? 3 Q. Did you ask Dr. Saed during	
4 A. I don't know. 4 that phone call, who was funding his	
5 Q. When did you leave there? 5 experiments or work that he was doing?	?
6 A. My last working day there was 6 A. I don't remember.	
7 October 1st, but I hadn't been to Arizona for 7 Q. What prompted that phone cal	1?
8 months by then. 8 A. Margaret and I spoke about the	at
9 Q. October 1st of? 9 he was doing some research and she asl	ked him
10 A. 2018. 10 would it be okay if I talked to him, and	so I
11 Q. Okay. But you think it was 11 called him.	
12 about a year ago that you spoke to him? 12 Q. How long have you been a	
13 A. I do. 13 gynecologic oncologist?	
14 Q. Approximately January of 2018? 14 A. I finished my fellowship in	
MS. O'DELL: Objection to form. 15 1995.	
She's given her best estimate. 16 Q. Had you ever heard of Dr. Sae	ed
17 A. Approximately. 17 before your discussion with Margaret	
18 BY MR. KLATT: 18 Thompson?	
19 Q. Can you tell me anything else 19 A. I had not. He's a Ph.D., so	
20 about the substance of what you talked about 20 it's not necessarily that I would know w	ho he
21 with Dr. Saed on that phone call? 21 was.	
22 A. I asked him what research he 22 Q. Well, you've been an academic	
23 was doing, what he was looking at, what type 23 gynecologic oncologist for decades, rig	ht?
24 of cell lines, what was he looking for. We 24 A. Yes.	

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		1			
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. You have never once heard of Dr. Saed, correct?  A. I had not. MR. KLATT: That's all the questions I have. MS. O'DELL: I just have one question. FURTHER EXAMINATION BY MS. O'DELL: Q. Dr. Wolf, are your opinions in this case contained in your report and in the deposition you've given here today? A. Yes. MS. O'DELL: That's all I have. MS. BROWN: Just one final question to that. FURTHER EXAMINATION BY MS. BROWN: Q. One final question, Doctor. You're not relying on any materials to form your opinion that are not contained in your report or were discussed or marked as exhibits here today, correct?	Page 482	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	record.  THE VIDEOGRAPHER: This concludes the deposition of Dr. Judy Wolf. Going off the record. The time is 7:03 p.m.  (Deposition concluded at 7:03 p.m.)	Page 484
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	references, everything that's here today. Nothing else. Q. And for a housekeeping item, are all of the binders on that table to your left, are those documents on Exhibit B of your report? A. Yes. Q. Nothing additional, right? A. Nothing additional. Q. And all of the binders on the table are the references in your report? A. The references and the additional information that we provided today. Q. Okay. So with that, I don't think it's necessary, unless anyone disagrees, to mark all of the binders. MS. BROWN: And I have no further questions. Thanks. MR. KLATT: As long as the binders don't contain any highlighting or notations. THE WITNESS: Nothing. MS. BROWN: We're off the	Page 483	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	CERTIFICATE  I, MICHEAL A. JOHNSON, Registered Diplomate Reporter and Certified Realtime Reporter, do hereby certify that prior to the commencement of the examination, JUDITH K. WOLF, M.D. was duly sworn by me to testify to the truth, the whole truth and nothing but the truth.  I DO FURTHER CERTIFY that the foregoing is a verbatim transcript of the testimony as taken stenographically by and before me at the time, place and on the date hereinbefore set forth, to the best of my ability.  I DO FURTHER CERTIFY that I am neither a relative nor employee nor attorney nor counsel of any of the parties to this action, and that I am neither a relative nor employee of such attorney or counsel, and that I am not financially interested in the action.  MICHEAL A. JOHNSON, NCRA Registered Diplomate Reporter NCRA Certified Realtime Reporter Certified LiveNote Reporter Dated: January 8, 2019	Page 485

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